


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90197 017 ****61.25

DOCUMENT # 770946 1. Entity Name WOODSIDE VILLAS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business WOODSIDE VILLAS 7200 SW 8TH AVENUE #150 GAINESVILLE, FL 32607			Mailing Address WOODSIDE VILLAS 7200 SW 8TH AVENUE #150 GAINESVILLE, FL 32607		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2533650	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BOSSHARDT PROPERTY MANAGEMENT KELLY ANDERSON 7200 SW 8TH AVENUE #150 GAINESVILLE, FL 32607				Richard A. Tenaglia Bosshardt Property Mgt 5522 NW 43rd Street Gainesville FL 32653	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.				5. Additional Fee Required \$8.75	
SIGNATURE <u><i>Richard Tenaglia</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>1-15-04</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMAS, BRYAN		NAME	Jeb Fisher	
STREET ADDRESS	7200 SW 8TH AVENUE #154		STREET ADDRESS	7200 SW 8th Ave. #1134	
CITY-ST-ZIP	GAINESVILLE, FL 32607		CITY-ST-ZIP	Gainesville, FL 32607	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONROE, LONN		NAME		
STREET ADDRESS	7200 SW 8TH AVE., #93		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32607		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOULD, JENNIFER		NAME		
STREET ADDRESS	7200 SW 8TH AVE #127		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32607		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORSELY, JACK		NAME		
STREET ADDRESS	7200 SW 8TH AVE., #58		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32607		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARMEAN, JOHN		NAME		
STREET ADDRESS	7200 SW 8TH AVE., #T-130		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32607		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Jennifer Gould</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4/21/04</u> Daytime Phone # <u>371-2118</u>		

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