

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2005 8:00 am
Secretary of State

03-22-2005 90016 033 ****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**

20023918



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01102005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-2533650

Applied For
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**TENAGLIA, RICHARD A
BOSSHARDT PROPERTY MGT
5522 NW 43RD STREET
GAINESVILLE, FL 32653**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	THOMAS, BRYAN	
STREET ADDRESS	7200 SW 8TH AVENUE #154	
CITY-ST-ZIP	GAINESVILLE, FL 32607	
TITLE	D	<input type="checkbox"/> Delete
NAME	FISHER, JEB	
STREET ADDRESS	7200 SW 8TH AVE # U-134	
CITY-ST-ZIP	GAINESVILLE, FL 32607	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GOULD, JENNIFER	
STREET ADDRESS	7200 SW 8TH AVE #127	
CITY-ST-ZIP	GAINESVILLE, FL 32607	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HORSELY, JACK	
STREET ADDRESS	7200 SW 8TH AVE., #58	
CITY-ST-ZIP	GAINESVILLE, FL 32607	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CARMEAN, JOHN	
STREET ADDRESS	7200 SW 8TH AVE., #T-130	
CITY-ST-ZIP	GAINESVILLE, FL 32607	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thomas Bryan	
STREET ADDRESS	8314 NW 36th Ave	
CITY-ST-ZIP	Gainesville FL 32606	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Jennifer Gould Jennifer Gould 3-18-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #