

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Oct 23, 2009**  
**Secretary of State**

DOCUMENT# 770946

**Entity Name:** WOODSIDE VILLAS CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**WOODSIDE VILLAS  
7200 SW 8TH AVENUE  
GAINESVILLE, FL 32607**New Principal Place of Business:****Current Mailing Address:**5522 NW 43RD STREET  
SUITE B  
GAINESVILLE, FL 32653**New Mailing Address:****FEI Number:** 59-2533650**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**HOUDERSHELT, BOBBY  
5522 NW 43RD STREET  
SUITE B  
GAINESVILLE, FL 32653 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** PD ( ) Delete  
**Name:** COLLIER, WALTER  
**Address:** 7200 SW 8TH AVE #60  
**City-St-Zip:** GAINESVILLE, FL 32607**Title:** VPD ( ) Delete  
**Name:** CRENSHAW, ANTHONY  
**Address:** 7200 SW 8TH AVE #54  
**City-St-Zip:** GAINESVILLE, FL 32607**Title:** SD ( ) Delete  
**Name:** GRAYSON, BARIKA  
**Address:** 7200 SW 8TH AVE #32  
**City-St-Zip:** GAINESVILLE, FL 32607**Title:** TD ( ) Delete  
**Name:** TRIPP, TIM  
**Address:** 7200 SW 8TH AVE #5  
**City-St-Zip:** GAINESVILLE, FL 32607**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PD (X) Change ( ) Addition  
**Name:** STROMAN, RHONDA  
**Address:** 7200 SW 8TH AVE #N-88  
**City-St-Zip:** GAINESVILLE, FL 32607**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RHONDA DECAMBRE STROMAN

PD

10/23/2009

Electronic Signature of Signing Officer or Director

Date