

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 04, 2003 8:00 am**  
**Secretary of State**

04-04-2003 90145 011 \*\*\*\*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**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROSSHARDT PROPERTY MANAGEMENT  
KELLY ANDERSON  
7200 SW 8TH AVENUE #150  
GAINESVILLE FL 32607**

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

*Kelly Anderson*

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-2-03**

**FILE NOW: FEE IS \$61.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** ☐ Delete  
NAME **THOMAS, BRYAN**  
STREET ADDRESS **7200 SW 8TH AVENUE #154**  
CITY-ST-ZIP **GAINESVILLE FL 32607**

TITLE **VICE PRESIDENT** ☐ Change ☐ Addition  
NAME **JACK HORSELY**  
STREET ADDRESS **7200 SW 8TH AVE #58**  
CITY-ST-ZIP **GAINESVILLE, FL 32607**

TITLE **PD** ☐ Delete  
NAME **GOULD, JENNIFER**  
STREET ADDRESS **7200 SW 8TH AVE #127**  
CITY-ST-ZIP **GAINESVILLE FL 32607**

TITLE **JOHN CARMEAN** ☐ Change ☐ Addition  
NAME **JOHN CARMEAN**  
STREET ADDRESS **7200 SW 8TH AVE #T-130**  
CITY-ST-ZIP **GAINESVILLE, FL 32607**

TITLE **SD** ☒ Delete  
NAME **BROOKS, MELISSA**  
STREET ADDRESS **7200 SW 8TH AVE #50**  
CITY-ST-ZIP **GAINESVILLE FL 32607**

TITLE **LONN-MONROE** ☐ Change ☐ Addition  
NAME **LONN-MONROE**  
STREET ADDRESS **7200 SW 8TH AVE #93**  
CITY-ST-ZIP **GAINESVILLE, FL 32607**

TITLE **PD** ☒ Delete  
NAME **GOULD, JENNIFER**  
STREET ADDRESS **7200 SW 8TH AVE #127**  
CITY-ST-ZIP **GAINESVILLE FL 32607**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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*

**4/2/03 (352)870-0700**

CR2E037 (10/02)