

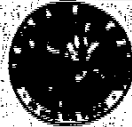
FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED AND FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N07584 (8)

1. Corporation Name

**WOODSIDE AT PORT MALABAR CONDOMINIUM ASSOCIATION
INC.**

Principal Place of Business

Mailing Address

**C/O VISTA PROPERTIES MGMT., INC.
100 VISTA ROYALE BLVD.
VERO BEACH FL 32982
US**

**957 SONESTA AVE. N.E.
PALM BAY FL 32905**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/12/1985** 3a. Date of Last Report **04/14/1994**

4. FEI Number **59-2504643** Applied For Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 Country

9. Name and Address of Current Registered Agent

**LEVINE, STEVEN JAY
GARDEN PLAZA, TOWER ONE
3300 PGA BLVD, SUITE 800
PALM BEACH GARDENS FL 33410**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0905, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	CASSELLA, AUGUST
STREET ADDRESS	939 SONESTA AVE R 103
CITY-ST-ZIP	PALM BAY FL
TITLE	DVP
NAME	SCHNABEL, ELISABETH
STREET ADDRESS	993 SONESTA AVENUE A205
CITY-ST-ZIP	PALM BAY FL
TITLE	DP
NAME	COLEMAN, DENNIS
STREET ADDRESS	901 SONESTA AVE P202
CITY-ST-ZIP	PALM BAY FL
TITLE	SD
NAME	GOODWIN, R S IV
STREET ADDRESS	975 SONESTA AVE NE D107
CITY-ST-ZIP	PALM BAY FL
TITLE	DT
NAME	DYKSTRA, HARRY
STREET ADDRESS	900 SONESTA AVE E 207
CITY-ST-ZIP	PALM BAY FL
TITLE	D
NAME	MULLINS, PAUL J.
STREET ADDRESS	967 SONESTA AVENUE NE B 202
CITY-ST-ZIP	PALM BAY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	SAME
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	SAME
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	SAME
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	SAME
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	SAME
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	SAME

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

R.S. Goodwin

R.S. GOODWIN

1/17/95

984-3653

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #