

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

NONPROFIT CORPORATION ANNUAL REPORT



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

1996 4-15-96

B- 3598 C

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 32962  
US** **957 SONESTA AVE. NE.  
PALM BAY FL 32905**

3. Date Incorporated or Qualified **02/12/1985** 3a. Date of Last Report **04/18/1995**  
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**  
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 28 Country 29 Zip 30 Country

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>CASSELLA, AUGUST</b>	
STREET ADDRESS	<b>939 SONESTA AVE R 103</b>	
CITY-ST-ZIP	<b>PALM BAY FL</b>	
TITLE	<b>DVP</b>	<input type="checkbox"/> DELETE
NAME	<b>SCHNABEL, ELISABETH</b>	
STREET ADDRESS	<b>993 SONESTA AVENUE A205</b>	
CITY-ST-ZIP	<b>PALM BAY FL</b>	
TITLE	<b>DP</b>	<input type="checkbox"/> DELETE
NAME	<b>COLEMAN, DENNIS</b>	
STREET ADDRESS	<b>901 SONESTA AVE P202</b>	
CITY-ST-ZIP	<b>PALM BAY FL</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>GOODWIN, R S IV</b>	
STREET ADDRESS	<b>975 SONESTA AVE NE D107</b>	
CITY-ST-ZIP	<b>PALM BAY FL</b>	
TITLE	<b>DT</b>	<input type="checkbox"/> DELETE
NAME	<b>DYKSTRA, HARRY</b>	
STREET ADDRESS	<b>969 SONESTA AVE E 207</b>	
CITY-ST-ZIP	<b>PALM BAY FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MULLINS, PAUL J.</b>	
STREET ADDRESS	<b>987 SONESTA AVENUE NE B 202</b>	
CITY-ST-ZIP	<b>PALM BAY FL</b>	

**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	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>SD SHIELDS, STAN</b>
4.3 STREET ADDRESS	<b>963 SONESTA AVE NE F 205</b>
4.4 CITY-ST-ZIP	<b>PALM BAY, FL 32905</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

'SIGNATURE: E. Dennis Coleman 11/19/96 407-984-3653  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)