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May 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N07584 (8)
1. Corporation Name
WOODSIDE AT PORT MALABAR CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business C/O VISTA PROPERTIES MGMT., INC. 100 VISTA ROYALE BLVD. VERO BEACH FL 32962 US	Mailing Address 957 SONESTA AVE. N.E. PALM BAY FL 32905-6318
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3. Date Incorporated or Qualified 02/12/1985	3a. Date of Last Report 04/15/1996
4. FEI Number 59-2504643	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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. Zip	25. Country
29. Zip	30. Country

9. Name and Address of Current Registered Agent
**LEVINE, STEVEN JAY
GARDEN PLAZA, TOWER ONE
3300 PGA BLYD, 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
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 reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	CASSELLA, AUGUST	
STREET ADDRESS	939 SONESTA AVE R 103	
CITY-ST-ZIP	PALM BAY FL	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	SCHNABEL, ELISABETH	
STREET ADDRESS	993 SONESTA AVENUE A205	
CITY-ST-ZIP	PALM BAY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COLEMAN, DENNIS	
STREET ADDRESS	901 SONESTA AVE P202	
CITY-ST-ZIP	PALM BAY FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SHIELDS, STAN	
STREET ADDRESS	963 SONESTA AVE NE F 205	
CITY-ST-ZIP	PALM BCH FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	DYKSTRA, HARRY	
STREET ADDRESS	969 SONESTA AVE E 207	
CITY-ST-ZIP	PALM BAY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MULLINS, PAUL J.	
STREET ADDRESS	987 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	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DS. FLOYD F. KING
2.3 STREET ADDRESS	901 SONESTA AVE NE P 103
2.4 CITY-ST-ZIP	PALM BAY, FL 32905
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	DVP STAN SHIELDS
4.3 STREET ADDRESS	963 SONESTA AVE NE F 205
4.4 CITY-ST-ZIP	PALM BAY, FL 32905
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]* **REQUIRED** 4/23/97 407-984-3653

CR2E037 (9/96)