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Apr 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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
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3. Date Incorporated or Qualified
02/12/1985

4. FEI Number 59-2504643	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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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
24 Country	25 Zip
29 Country	30 Zip

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	AS	<input type="checkbox"/> DELETE
NAME	CASSELLA, AUGUST	
STREET ADDRESS	939 SONESTA AVE R 103	
CITY-ST-ZIP	PALM BAY FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	KING, FLOYD F	
STREET ADDRESS	901 SONESTA AVE. NE , P103	
CITY-ST-ZIP	PALM BAY FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	COLEMAN, DENNIS	
STREET ADDRESS	901 SONESTA AVE P202	
CITY-ST-ZIP	PALM BAY FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	SHEILDS, STAN	
STREET ADDRESS	983 SONESTA AVE. NE, F205	
CITY-ST-ZIP	PALM BCH FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	DYKSTRA, HARRY	
STREET ADDRESS	989 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	V P I D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	FRANCES X CONROY	
1.3 STREET ADDRESS	997 SONESTA AVENUE Q 202	
1.4 CITY-ST-ZIP	PALM BAY, FL 32905	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MARY WILLIAMS	
4.3 STREET ADDRESS	975 SONESTA AVENUE D-106	
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: St. Dykstra **REQUIRED** 1/5/98 984-3653

CR2E037 (10/97)