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Mar 30, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N07584

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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21. Principal Place of Business Suite, Apt. #, etc.	2a. Mailing Address Suite, Apt. #, etc.	3. Date Incorporated or Qualified 02/12/1985
22. City & State	27. City & State	4. FEI Number 59-2504643 Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
23. Zip Country	28. Zip Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Zip Country	29. Zip Country	30. Zip Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent

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 LEVINE, STEVEN JAY
82. Street Address (P.O. Box Number is Not Acceptable) 2500 N. MILITARY TRAIL
83. Suite Suite 275
84. City BOCA RATON
85. Zip Code FL 33431

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	NAME CASSELL, AUGUST	<input checked="" type="checkbox"/> DELETE	
STREET ADDRESS 939 SONESTA AVE R 103	CITY-ST-ZIP PALM BAY FL		
TITLE DS	NAME KING, FLOYD F	<input type="checkbox"/> DELETE	
STREET ADDRESS 901 SONESTA AVE. NE, P103	CITY-ST-ZIP PALM BAY FL		
TITLE DP	NAME COLEMAN, DENNIS	<input type="checkbox"/> DELETE	
STREET ADDRESS 901 SONESTA AVE P202	CITY-ST-ZIP PALM BAY FL		
TITLE D	NAME WILLIAMS, MARY	<input type="checkbox"/> DELETE	
STREET ADDRESS 975 SONESTA AVE, NE, D-106	CITY-ST-ZIP PALM BAY FL 32905		
TITLE DT	NAME DYKSTRA, HARRY	<input type="checkbox"/> DELETE	
STREET ADDRESS 969 SONESTA AVE E 207	CITY-ST-ZIP PALM BAY FL		
TITLE D	NAME MULLINS, PAUL J.	<input checked="" type="checkbox"/> DELETE	
STREET ADDRESS 987 SONESTA AVENUE NE B 202	CITY-ST-ZIP PALM BAY FL		

1.1 TITLE D	1.2 NAME Connie Bernier	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.3 STREET ADDRESS 969 SONESTA AVENUE E 203	1.4 CITY-ST-ZIP PALM BAY FL 32905	
2.1 TITLE SAME	2.2 NAME SAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.3 STREET ADDRESS SAME	2.4 CITY-ST-ZIP SAME	
3.1 TITLE SAME	3.2 NAME SAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.3 STREET ADDRESS SAME	3.4 CITY-ST-ZIP SAME	
4.1 TITLE SAME	4.2 NAME SAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.3 STREET ADDRESS SAME	4.4 CITY-ST-ZIP SAME	
5.1 TITLE SAME	5.2 NAME SAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.3 STREET ADDRESS SAME	5.4 CITY-ST-ZIP SAME	
6.1 TITLE DVP	6.2 NAME FRANCIS COOPER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.3 STREET ADDRESS 997 SONESTA AVENUE Q 202	6.4 CITY-ST-ZIP PALM BAY FL 32905	

14. 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 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, with all other like empowered.

SIGNATURE: _____ DATE: 4-1-99 DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)