

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2000 8:00 am**  
**Secretary of State**

04-11-2000 90044 030 \*\*\*\*61.25

**DOCUMENT # N07584**

1. Entity Name

**WOODSIDE AT PORT MALABAR CONDOMINIUM ASSOCIATION**

Principal Place of Business

Mailing Address

C/O VISTA PROPERTIES MGMT., INC.  
 100 VISTA ROYALE BLVD.  
 VERO BEACH FL 32962  
 US

967 SONESTA AVE. N.E.  
 PALM BAY FL 32905-6318



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2504643**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEVINE, STEVEN JAY**  
**2500 N. MILITARY TRAIL**  
**SUITE 275**  
**BOCA RATON FL 33431**

Name

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

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
 NAME **D**  
**BERNIER, CONNIE**  
 STREET ADDRESS **969 SONESTA AVE NE, E 205**  
 CITY-ST-ZIP **PALM BAY FL 32905**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **DS**  
**KING, FLOYD F**  
 STREET ADDRESS **901 SONESTA AVE. NE, P103**  
 CITY-ST-ZIP **PALM BAY FL**

TITLE  Change  Addition  
 NAME **D.**  
**KEMBRIT, DORIS**  
 STREET ADDRESS **993 SONESTA AVE NE A 201**  
 CITY-ST-ZIP **Palm Bay, FL 32905**

TITLE  Delete  
 NAME **DP**  
**COLEMAN, DENNIS**  
 STREET ADDRESS **901 SONESTA AVE P202**  
 CITY-ST-ZIP **PALM BAY FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **DS**  
**WILLIAMS, MARY**  
 STREET ADDRESS **975 SONESTA AVE, NE, D-106**  
 CITY-ST-ZIP **PALM BAY FL 32905**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **DT**  
**DYKSTRA, HARRY**  
 STREET ADDRESS **969 SONESTA AVE E 207**  
 CITY-ST-ZIP **PALM BAY FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **DVP**  
**CONGER, FRANCIS**  
 STREET ADDRESS **997 SONESTA AVENUE Q202**  
 CITY-ST-ZIP **PALM BAY FL 32905**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**2-1-00**

Date

Daytime Phone #

CR2E037 (9/99)