

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2001 8:00 am**  
**Secretary of State**

0029029

03-27-2001 90017 023 \*\*\*\*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

957 SONESTA AVE. N.E.  
 PALM BAY FL 32905

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2504643**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEVINE, STEVEN JAY**  
**2500 N. MILITARY TRAIL**  
**SUITE 275 490**  
**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 **D**  Delete  
 NAME ~~BERNIER, GONNIE~~  
 STREET ADDRESS ~~969 SONESTA AVE NE, E-205~~  
 CITY-ST-ZIP ~~PALM BAY FL 32905~~

TITLE **D**  Change  Addition  
 NAME **Phillips, PALMER**  
 STREET ADDRESS **933 SONESTA AVENUE J201**  
 CITY-ST-ZIP **PALM BAY, FL 32905**

TITLE **D**  Delete  
 NAME **KEMERAIT, DORIS**  
 STREET ADDRESS **993 SONESTA AVE NE A201**  
 CITY-ST-ZIP **PALM BAY FL 32905**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **DS**  Delete  
 NAME **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 **DT**  Delete  
 NAME **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 **DVP**  Delete  
 NAME **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: *Francis Conger* **SIGNATURE REQUIRED Pres.**

Date **2/6/01** (321) 984-3653  
 Daytime Phone #

CR2E037 (10/00)