

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

0088615

04-11-2002 90104 009 ****61.25

DOCUMENT # N07584

1. Entity Name

WOODSIDE AT PORT MALABAR CONDOMINIUM ASSOCIATION, INC.

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
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	<input type="checkbox"/> Delete
NAME	PHILLIPS, PALMER	
STREET ADDRESS	933 SONESTA AVENUE J 201	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE	D	<input type="checkbox"/> Delete
NAME	KEMERAIT, DORIS	
STREET ADDRESS	993 SONESTA AVE NE A201	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE	DP	<input type="checkbox"/> Delete
NAME	COLEMAN, DENNIS	
STREET ADDRESS	901 SONESTA AVE P202	
CITY-ST-ZIP	PALM BAY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, MARY	
STREET ADDRESS	975 SONESTA AVE, NE, D-106	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE	DT	<input type="checkbox"/> Delete
NAME	DYKSTRA, HARRY	
STREET ADDRESS	969 SONESTA AVE E 207	
CITY-ST-ZIP	PALM BAY FL	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	CONGER, FRANCIS	
STREET ADDRESS	997 SONESTA AVENUE Q202	
CITY-ST-ZIP	PALM BAY FL 32905	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED DENNIS COLEMAN* /16/02 321-984-3653
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)