


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90121 021 ****61.25

DOCUMENT # N07584					
1. Entity 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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02272006 Chg-NP CR2E037 (11/05)	
Zip		Country		4. FEI Number 59-2504643	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$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 275 490 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHILLIPS, PALMER 933 SONESTA AVENUE J 201 PALM BAY, FL 32905	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEMERAIT, DORIS 993 SONESTA AVE NE A201 PALM BAY, FL 32905	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEED, THOMAS 993 SONESTA AVE NE 202 PALM Bay, FL 32905	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP COLEMAN, DENNIS 901 SONESTA AVE P202 PALM BAY, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT RICHEY, JAMES 905 SONESTA AVE, N.E. O-202 PALM BAY, FL 32905	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CINTRON, RAFAELA 913 SONESTA AVE N.B., # 101 PALM BAY, FL 32905	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP CONGER, FRANCIS 997 SONESTA AVENUE Q202 PALM BAY, FL 32905	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>E Dennis Coleman</u> PRES. 3/1/06 321 984-0930					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					