2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # N95000005915

FILED Feb 28, 2005 8:00 am Secretary of State 02-28-2005 90184 050 ****61.25

STREET ADDRESS CITY-SI-ZIP SAINT PETERSBURG, FL 33710 TITLE PD SANDONATO, WILLIAM JR STREET ADDRESS CITY-SI-ZIP TITLE SANDONATO, WILLIAM JR STREET ADDRESS CITY-SI-ZIP TITLE COST NAME NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME TITLE NAME STREET ADDRESS CITY-SI-ZIP CLEARWATER, FL 33760 Delete TITLE NAME STREET ADDRESS CITY-SI-ZIP Delete TITLE NAME STREET ADDRESS CITY-SI-ZIP CHANGE STREET ADDRESS CITY-SI-ZIP CHANGE STREET ADDRESS CITY-SI-ZIP CHANGE STREET ADDRESS CITY-SI-ZIP Delete TITLE NAME STREET ADDRESS CITY-SI-ZIP CHANGE Addition AME STREET ADDRESS CITY-SI-ZIP CHANGE Addition ADDRESS CITY-SI-ZIP CHANGE ADDRESS CITY-SI-ZIP	1. Entity Na ABILITIE	ES AT WOODSIDE, INC.							
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S. Certification of Status Desired Fee Required	City & Sta	ate .	City & State						<u> </u>
THOMAS, GENE 2735 WHITNEY ROAD CLEARWATER, FL 33760 City FL Zip Code	Zip	Country	Zip	Country	5. Certific	ate of Status Desired	-		
THOMAS, GENE 2735 WHITNEY ROAD CLEARWATER, FL 33760 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of Florida Department of State Obligation		6. Name and Address of Current	Registered Agent		7Name a	ind Address of New	Registered	Agent	·
B. The above named entity submits this statement for the purpose of changing its registered algent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, speed or printed name of registered agent and title it applicable. Filing Fee is \$61.25 Due by May 1, 2005 P. Election Campaign Financing Trust Fund Contribution. Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III. MAKE KREISLE, LORI SIRRET ADDRESS CITY-S1-2P SIRRET ADDRESS CITY-S1-2P SIRRET ADDRESS CITY-S1-2P Delete TITLE NAME SIRRET ADDRESS CITY-S1-2P Addition NAME NAME NAME NAME NAME NAME NAME NAM	2735 WH	ITNEY ROAD			ddress (P.O. Box Nu	mber is Not Acceptal	ble)		
SIGNATURE Signature Signa				City			FL	Zip Cod	ie
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 117. INTE NAME NAME KREISLE, LORI STREET ADDRESS SAINT PETERSBURG, FL 33710 TITLE PD SANDONATO, WILLIAM JR STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P CHange Addition A	٠, ٠,		and title if applicable. (NO	TE: Regislered Agent signatu	ure required when reinstating)		DATE	Francisco - Laborator - Labora	
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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: .

(727) 538-7370