

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 729670

**Entity Name:** ASSOCIATION OF WOODSIDE VILLAGE EAST, INC.**Current Principal Place of Business:**C/O LIGHTHOUSE PROPERTY MANAGEMENT  
16 CHURCH STREET  
OSPREY, FL 34229**Current Mailing Address:**C/O LIGHTHOUSE PROPERTY MANAGEMENT  
16 CHURCH STREET  
OSPREY, FL 34229 US**FEI Number:** 59-1555345**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FOSTER, ELENA  
C/O LIGHTHOUSE PROPERTY MANAGEMENT  
16 CHURCH STREET  
OSPREY, FL 34229 US*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:** FOSTER, ELENA

01/22/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name DEAL, TERRI  
Address C/O LIGHTHOUSE PROPERTY  
MANAGEMENT  
16 CHURCH STREET  
City-State-Zip: OSPREY FL 34229

Title TREASURER  
Name MENDELL, SHARON L  
Address C/O LIGHTHOUSE PROPERTY  
MANAGEMENT  
16 CHURCH STREET  
City-State-Zip: OSPREY FL 34229

Title SECRETARY  
Name SCOTT, MARIE  
Address C/O LIGHTHOUSE PROPERTY  
MANAGEMENT  
16 CHURCH STREET  
City-State-Zip: OSPREY FL 34229

Title DIRECTOR  
Name BARBERO, JOE  
Address C/O LIGHTHOUSE PROPERTY  
MANAGEMENT  
16 CHURCH STREET  
City-State-Zip: OSPREY FL 34229

Title DIRECTOR  
Name BOUCHER, CELIA  
Address C/O LIGHTHOUSE PROPERTY  
MANAGEMENT  
16 CHURCH STREET  
City-State-Zip: OSPREY FL 34229

Title PRESIDENT  
Name FOSTER, ELENA  
Address C/O LIGHTHOUSE PROPERTY  
MANAGEMENT  
16 CHURCH STREET  
City-State-Zip: OSPREY FL 34229

Title VP  
Name GALE, DAN  
Address C/O LIGHTHOUSE PROPERTY  
MANAGEMENT  
16 CHURCH STREET  
City-State-Zip: OSPREY FL 34229

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** FOSTER, ELENA

PRESIDENT

01/22/2015

