

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07584

**FILED**  
**Mar 30, 2016**  
**Secretary of State**  
**CC3908275357**

**Entity Name:** WOODSIDE AT PORT MALABAR CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O FIRST SERVICE RESIDENTIAL  
3055 CARDINAL DR. SUITE 200  
VERO BEACH, FL 32963

**Current Mailing Address:**

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

**FEI Number: 59-2504643**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

LEVINE, STEVEN JAY  
2500 N. MILITARY TRAIL  
SUITE 283  
BOCA RATON, FL 33431 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DIRECTOR  
Name RIENZO, JAMES  
Address 939 SONESTA AVE NE #104  
City-State-Zip: PALM BAY FL 32905

Title VP  
Name NEED, THOMAS  
Address 993 SONSETTA AVE NE. 202  
City-State-Zip: PALM BAY FL 32905

Title PRESIDENT  
Name GARCIA, EFRAIN  
Address 975 SONESTA AVE #101  
City-State-Zip: PALM BAY FL 32905

Title DIRECTOR  
Name BEGNOCHE, FRANK  
Address 933 SONESTA AVE, N.E. #205  
City-State-Zip: PALM BAY FL 32905

Title TREASURER  
Name CINTRON, RAFAELA  
Address 915 SONESTA AVE N.B., # 101  
City-State-Zip: PALM BAY FL 32905

Title SECRETARY  
Name MOCKEL, GEORGE  
Address 969 SONESTA AVE 102  
City-State-Zip: PALM BAY FL 32905

*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: EFRAIN GARCIA**

**PRESIDENT**

**03/30/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date