## 2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07584

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

Officer/Director Detail:

Title Title **TREASURER** 

Name RIENZO, JAMES Name BEGNOCHE, FRANK

Address 939 SONESTA AVE NE #104 Address 933 SONESTA AVE, N.E. #205

PALM BAY FL 32905 City-State-Zip: PALM BAY FL 32905 City-State-Zip:

Title Title **PRESIDENT SECRETARY** 

Name EDMINSTER, NORMAN Name MOCKEL, MAUREEN

993 SONESTA AVE. N.E. #104 Address Address 969 SONESTA AVE 102

City-State-Zip: PALM BAY FL 32905 PALM BAY FL 32905 City-State-Zip:

Title DIRECTOR Title **DIRECTOR** 

CLOUTIER, ADRIEN Name Name WILLIAM, AUSTIN

909 SONESTA AVE NE Address Address 997 SONEATA AVE NE #103 #103

PALM BAY FL 32905 City-State-Zip:

Title **DIRECTOR** 

POLUZZI, MARY ANN Name

915 SONEATA AVE NE #104 Address

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.

City-State-Zip:

PALM BAY FL 32905

01/08/2020 SIGNATURE: JAMES RIENZO VΡ

Date

**FILED** Jan 08, 2020

**Secretary of State** 

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