

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07584

FILED
Feb 01, 2024
Secretary of State
8834144261CC

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:

FLORIDA ASSOCIATION ATTORNEYS
824 W. INDIANTOWN ROAD
JUPITER, FL 33458 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: BRENNAN GROGAN

02/01/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name COSTER, CONNIE
Address 945 SONESTA AVE NE #106
City-State-Zip: PALM BAY FL 32905

Title DIRECTOR
Name MARTIN, ALETAMARIE
Address 993 SONESTA AVE N.E. #101
City-State-Zip: PALM BAY FL 32905

Title SECRETARY
Name MEDBURY, GAIL
Address 951 SONESTA AVE NE #103
City-State-Zip: PALM BAY FL 32905

Title DIRECTOR
Name MAUGERI, THOMAS
Address 939 SONESTA AVE. N.E. #104
City-State-Zip: PALM BAY FL 32905

Title PRESIDENT
Name WILLIAM, AUSTIN
Address 997 SONEATA AVE NE #103
City-State-Zip: PALM BAY FL 32905

Title TREASURER
Name GLESS, THOMAS
Address 987 SONESTA AVE NE #103
City-State-Zip: PALM BAY FL 32905

Title DIRECTOR
Name CATHER, MARK
Address 997 SONEATA AVE NE #201
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: WILLIAM AUSTIN

PRESIDENT

02/01/2024

Electronic Signature of Signing Officer/Director Detail

Date