

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 727332 (9)
1. Corporation Name
WOODSIDE APARTMENTS ASSOCIATION, INC.



Principal Place of Business Mailing Address
**16950 WEST DIXIE HIGHWAY
N. MIAMI BEACH FL. 33160** **16950 WEST DIXIE HIGHWAY
N. MIAMI BEACH FL. 33160**

3. Date Incorporated or Qualified: **08/20/1973** 3a. Date of Last Report: **03/29/1995**
4. FEI Number: **59-1504756** Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip 28. Zip 29. Country 30. Country

9. Name and Address of Current Registered Agent
**BECKER & POLIAKOFF, PA
EMERAL LAKE COPR. PARK
3111 STIRLING ROAD
FT. LAUDERDALE FL 33312-3525**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City FL 85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ROSENTHAL, STANLEY	
STREET ADDRESS	16950 W DIXIE HWY	
CITY-ST-ZIP	NO. MIAMI BCH. FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	VICTOR, IRENE	
STREET ADDRESS	16950 W DIXIE HWY	
CITY-ST-ZIP	NO. MIAMI BCH. FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	HARRIS, SELMA	
STREET ADDRESS	16950 W DIXIE HWY	
CITY-ST-ZIP	NO. MIAMI BCH. FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	HARRIS, SELMA	
STREET ADDRESS	16950 W. DIXIE HWY.	
CITY-ST-ZIP	NO. MIAMI BCH. FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	AL INZA	
1.3 STREET ADDRESS	16950 W.DIXIE HWY	
1.4 CITY-ST-ZIP	NO. MIAMI BEACH, FL.	
2.1 TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<i>Irene Victor</i>	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MURRAY JACOBS	
3.3 STREET ADDRESS	16950 W DIXIE HWY	
3.4 CITY-ST-ZIP	NO MIAMI BCH, FL.	
4.1 TITLE	SO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SYLVIA ANNIS	
4.3 STREET ADDRESS	16950 W. DIXIE HGW	
4.4 CITY-ST-ZIP	NO. MIAMI BEACH, FL.	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *AL Inza* AL INZA 2/19/96 (305)949-8993
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E037 (12/95)