

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).


APPROVED
AND
FILED

97 SEP -5 PM 3:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/20/1973 3a. Date of Last Report 02/27/1996

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 owes or has paid the current year Intangible Personal Property Tax due June 30. 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 Country 28 Zip Country

24 25 29 30

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)
 800002289128--9

83 -09/10/97--01059--004

84 City *****61.25 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	INZA, AL	
STREET ADDRESS	16950 W DIXIE HWY	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	VICTOR, IRENE	
STREET ADDRESS	16950 W DIXIE HWY	
CITY-ST-ZIP	NO. MIAMI BCH. FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	JACOBS, MURRAY	
STREET ADDRESS	16950 W DIXIE HWY	
CITY-ST-ZIP	NO. MIAMI BCH. FL	
TITLE	SO	<input checked="" type="checkbox"/> DELETE
NAME	ANNIS, SYLVIA	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Vernon Richards	
1.3 STREET ADDRESS	16950 W. Dixie Hwy.	
1.4 CITY-ST-ZIP	North Miami Beach, FL. 33160-3777	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	B	
2.2 NAME	Jaime Angeles	
2.3 STREET ADDRESS	16950 W. Dixie Hwy.	
2.4 CITY-ST-ZIP	North Miami Beach, FL.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	D	
3.2 NAME	Dale Heller	
3.3 STREET ADDRESS	16950 W. Dixie Highway	
3.4 CITY-ST-ZIP	N. Miami Beach, FL. 33160	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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		

C. alar
9/5/97

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 SIGNATURE REQUIRED 305)949-9993

CR2E037 (4/97)