

FILE NOW: FILING FEE IS \$61.25

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Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90071 040 ****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # 727332

1. Corporation Name
WOODSIDE APARTMENTS ASSOCIATION, INC.

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



| | | |
|--------------------------------------|---------------------------|--|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 | 3. Date Incorporated or Qualified 08/20/1973 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 4. FEI Number 59-1504756 |
| City & State 23 | City & State 28 | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| Zip 24 | Country 25 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |

| | | | |
|--|--|---|----|
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |
| BECKER & POLIAKOFF, PA EMERAL LAKE COPR. PARK 3111 STIRLING ROAD FT. LAUDERDALE FL 33312-3525 | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|--|
| TITLE | D RICHARDS, VERNON <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 169050 W. DIXIE HWY. | 1.2 NAME | |
| STREET ADDRESS | NORTH MIAMI BEACH FL 33160-3777 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 1.4 CITY-ST-ZIP | |
| TITLE | D ANNIS, SYLVIA <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 16950 W DIXIE HWY | 2.2 NAME | |
| STREET ADDRESS | N MIAMI BCH FL 33160 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | D DELACRUZ, GLADYS <input type="checkbox"/> DELETE | 3.1 TITLE | VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 16950 W. DIXIE HIGHWAY | 3.2 NAME | |
| STREET ADDRESS | NORTH MIAMI BEACH FL 33160 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 4.2 NAME | GEORGE FISHER |
| STREET ADDRESS | | 4.3 STREET ADDRESS | 16950 W DIXIE HIGHWAY |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | NMB, FL 33160 |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I 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, with all other like empowered.

SIGNATURE: _____ DATE: 1/17/99 DAYTIME PHONE # _____

CR2E037 (1/198)