

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 21, 2001 8:00 am**  
**Secretary of State**

05-21-2001 90376 028 \*\*\*\*61.25

**DOCUMENT # 727332 ✓**

1. Entity Name  
 Woodside Apartments Association, Inc.  
 a not for profit Florida Corporation

Principal Place of Business Mailing Address  
 16950 West Dixie Hwy. Same  
 North Miami Beach, FL 33160

2. Principal Place of Business SAME AS ABOVE 3. Mailing Address SAME AS ABOVE

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

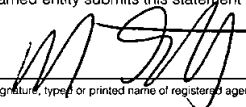
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
 Eric Glazer, P.A.  
 1920 Hallandale Beach Blvd.  
 Suite 806  
 Hallandale Beach, FL 33009

7. Name and Address of New Registered Agent  
 Name Richard K. Stanton, Esquire  
 Street Address (P.O. Box Number is Not Acceptable) Brickell Bayview Center  
 80 S.W. EIGHTH Street, Suite 2804  
 City Miami FL Zip Code 33130

8. 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  ATTORNEY AT LAW 05/07/01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME PRESIDENT HECTOR DEL PRADO STREET ADDRESS 16950 W. DIXIE HWY. CITY-ST-ZIP NORTH MIAMI BEACH, FL. 33160	<input type="checkbox"/> Delete	TITLE NAME DIRECTOR ORLANDO ORTIZ STREET ADDRESS 16950 W. DIXIE HWY. CITY-ST-ZIP NORTH MIAMI BEACH, FL. 33160	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME TREASURER CEASER RAMOS-FERRER STREET ADDRESS 149 SW 12 AVE. #B13 CITY-ST-ZIP MIAMI, FL. 33130	<input type="checkbox"/> Delete	TITLE NAME DIRECTOR HENRY DIGBY STREET ADDRESS 16950 W. DIXIE HWY. CITY-ST-ZIP NORTH MIAMI BEACH, FL. 33160	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME DIRECTOR RICHARD ZIMMELMAN STREET ADDRESS 16950 W. DIXIE HWY. CITY-ST-ZIP NORTH MIAMI BEACH, FL. 33160	<input type="checkbox"/> Delete	TITLE NAME DIRECTOR GEORGE FISHER STREET ADDRESS 16950 W. DIXIE HWY. CITY-ST-ZIP NORTH MIAMI BEACH, FL. 33160	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME DIRECTOR EVELYN RANDAZZO STREET ADDRESS 16950 W. DIXIE HWY. CITY-ST-ZIP NORTH MIAMI BEACH, FL. 33160	<input type="checkbox"/> Delete	TITLE NAME DIRECTOR ERIC HOFBAUER STREET ADDRESS 16851 NE 23RD AVE. CITY-ST-ZIP NORTH MIAMI BEACH, FL. 33160	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME DIRECTOR SYLVIA ANNIS STREET ADDRESS 16950 W. DIXIE HWY. CITY-ST-ZIP NORTH MIAMI BEACH, FL. 33160	<input type="checkbox"/> Delete	TITLE NAME DIRECTOR MARITZA RIVERA STREET ADDRESS 16950 W. DIXIE HWY. CITY-ST-ZIP NORTH MIAMI BEACH, FL. 33160	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME DIRECTOR RITA GOMBERG STREET ADDRESS 16950 W. DIXIE HWY. CITY-ST-ZIP NORTH MIAMI BEACH, FL. 33160	<input type="checkbox"/> Delete	TITLE NAME NORMA CASTELLARI STREET ADDRESS 16851 NE 23RD AVE. CITY-ST-ZIP NORTH MIAMI BEACH, FL. 33160	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DELETE

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  HECTOR DEL PRADO 4/22/01 (305) 808-2338  
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E037 (11/00)