

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90318 032 ****61.25

DOCUMENT # 727332

Entity Name

WOODSIDE APARTMENTS ASSOCIATION, INC.

Principal Place of Business: 16950 WEST DIXIE HWY, NORTH MIAMI BEACH FL 33160
 Mailing Address: 16950 WEST DIXIE HWY, NORTH MIAMI BEACH FL 33160

BOOKING



DO NOT WRITE IN THIS SPACE

CLANDMARK MGMT SERVICES CLANDMARK MGMT SERVICES

2. Principal Place of Business: 12323 SW 55TH ST, Suite, Apt. #, etc. SUITE 1002, COOPER CITY, FL

3. Mailing Address: 12323 SW 55TH ST, Suite, Apt. #, etc. SUITE 1002, COOPER CITY, FL

City & State: COOPER CITY, FL

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4. FEI Number: 59-1504756

City & State: COOPER CITY, FL

Zip: 33330, Country: US

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5. Certificate of Status Desired: Applied For, Not Applicable, \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STANTON, RICHARD K ESQ
 80 S.W. 8TH ST STE 2804
 MIAMI FL 33130

Name: LANDMARK MANAGEMENT SERVICES
 Street Address (P.O. Box Number is Not Acceptable): 12323 S.W. 55TH STREET, SUITE 1002
 City: COOPER CITY, FL, Zip Code: 33330

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: *[Signature]* DOUGLAS SEWELL PROPERTY MANAGER DATE: 4-8-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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: DD	<input type="checkbox"/> Delete
NAME: FISHER, GEORGE	
STREET ADDRESS: 169050 W. DIXIE HWY.	
CITY-ST-ZIP: NORTH MIAMI BEACH FL 33160-3777	
TITLE: D	<input type="checkbox"/> Delete
NAME: ANNIS, SYLVIA	
STREET ADDRESS: 16950 W DIXIE HWY	
CITY-ST-ZIP: N MIAMI BCH FL 33160	
TITLE: VPD	<input checked="" type="checkbox"/> Delete
NAME: DELACRUZ, GLADYS	
STREET ADDRESS: 16950 W. DIXIE HIGHWAY	
CITY-ST-ZIP: NORTH MIAMI BEACH FL 33160	
TITLE:	<input type="checkbox"/> Delete
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input checked="" type="checkbox"/> Delete
NAME: <i>HECTOR DEL PRADO</i>	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

TITLE: P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: EVELYN RANAZZO	
STREET ADDRESS: 16950 WEST DIXIE HWY.	
CITY-ST-ZIP: NORTH MIAMI BEACH, FL 33160	
TITLE: VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: MARITZA RIVORA	
STREET ADDRESS: 16950 WEST DIXIE HWY	
CITY-ST-ZIP: NORTH MIAMI BEACH FL 33160	
TITLE: S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: ZOLA DELANAY	
STREET ADDRESS: 16950 WEST DIXIE HWY	
CITY-ST-ZIP: NORTH MIAMI BEACH, FL 33160	
TITLE: D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: T. CRAIG HAGSTROM	
STREET ADDRESS: 16950 WEST DIXIE HWY	
CITY-ST-ZIP: NORTH MIAMI BEACH, FL 33160	
TITLE: D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: HECTOR DEL PRADO	
STREET ADDRESS: 16950 WEST DIXIE HWY	
CITY-ST-ZIP: NORTH MIAMI BEACH, FL 33160	
TITLE: D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: RITA GOMBURG	
STREET ADDRESS: 16950 WEST DIXIE HWY	
CITY-ST-ZIP: NORTH MIAMI BEACH, FL 33160	

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: *[Signature]* DATE: 4/1/02 DAYTIME PHONE #: 305-364-7118

CR2E037 (9/01)