
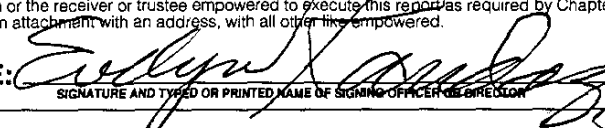


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90321 010 ****61.25

| | | | | | |
|---|------------------------------------|--|--|--|--|
| DOCUMENT # 727332 | | | |  | |
| 1. Entity Name WOODSIDE APARTMENTS ASSOCIATION, INC. | | | | | |
| Principal Place of Business C/O LANDMARK MGMT SERVICES 12323 SW 55TH STREET, SUITE 1002 COOPER CITY, FL 33330 | | | Mailing Address C/O LANDMARK MGMT SERVICES 12323 SW 55TH STREET, SUITE 1002 COOPER CITY, FL 33330 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-1504756 | |
| | | | | Applied For Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| LANDMARK MANAGMENT SERVICES 12323 SW 55TH STREET SUITE 1002 COOPER CITY, FL 33330 | | | Name | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | City | | |
| | | | FL Zip Code | | |
| 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | FISHER, GEORGE | NAME | | | |
| STREET ADDRESS | 169050 W. DIXIE HWY. | STREET ADDRESS | | | |
| CITY-ST-ZIP | NORTH MIAMI BEACH, FL 331603777 | CITY-ST-ZIP | | | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | ANNIS, SYLVIA | NAME | | | |
| STREET ADDRESS | 16950 W DIXIE HWY | STREET ADDRESS | | | |
| CITY-ST-ZIP | N MIAMI BCH, FL 33160 | CITY-ST-ZIP | | | |
| TITLE | P <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | RANDAZZO, EVELYN | NAME | | | |
| STREET ADDRESS | 16950 W. DIXIE HIGHWAY | STREET ADDRESS | | | |
| CITY-ST-ZIP | NORTH MIAMI BEACH, FL 33160 | CITY-ST-ZIP | | | |
| TITLE | VP <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | RIVERA, MARITZA | NAME | | | |
| STREET ADDRESS | 16950 W. DIXIE HIGHWAY | STREET ADDRESS | | | |
| CITY-ST-ZIP | NORTH MIAMI BEACH, FL 33160 | CITY-ST-ZIP | | | |
| TITLE | T <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | DELANEY, ZOLA | NAME | | | |
| STREET ADDRESS | 16950 W. DIXIE HIGHWAY | STREET ADDRESS | | | |
| CITY-ST-ZIP | NORTH MIAMI BEACH, FL 33160 | CITY-ST-ZIP | | | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | HAGSTUM, T. GRANT | NAME | | | |
| STREET ADDRESS | 16950 W. DIXIE HIGHWAY | STREET ADDRESS | | | |
| CITY-ST-ZIP | NORTH MIAMI BEACH, FL 33160 | CITY-ST-ZIP | | | |
| 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:  | | | Date: 4/22/04 Daytime Phone #: 305-394-7178 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |