


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 10, 2007 8:00 am**  
**Secretary of State**

08-10-2007 90048 008 \*\*\*\*61.25

**DOCUMENT # 727332**

1. Entity Name  
**WOODSIDE APARTMENTS ASSOCIATION, INC.**



Principal Place of Business  
**16950 W. DIXIE HIGHWAY**  
**NORTH MIAMI BEACH, FL 33160**

Mailing Address  
**16950 W. DIXIE HIGHWAY**  
**NORTH MIAMI BEACH, FL 33160**

**60054593**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address  
**10250 SW 56 Street**

Suite, Apt. #, etc.  
**C102**

07272007 Chg-NP CR2E037 (12/06)

City & State  
**Miami, FL**

4. FEI Number  
**59-1504756**

Applied For  
 Not Applicable

Zip  
**33165**

Country  
**Dade**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**MECHATO, JULIO**  
**16950 W DIXIE HWY**  
**A511**  
**N MIAMI BEACH, FL 33160**

7. Name and Address of New Registered Agent  
 Name  
**Amprax Property Management**

Street Address (P.O. Box Number is Not Acceptable)  
**10250 SW 56 Street, Suite C102**

City  
**Miami, FL** Zip Code  
**33165**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee Is \$61.25**  
**Due by September 14, 2007**

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

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	ROBERTSON, MARSHA	
STREET ADDRESS	16950 W. DIXIE HWY. #B421	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 331603777	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	DIAZ, ANA	
STREET ADDRESS	16950 W DIXIE HWY	
CITY-ST-ZIP	N MIAMI BCH, FL 33160	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MECHATO, JULIO	
STREET ADDRESS	16950 W. DIXIE HIGHWAY	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HERRERA, CORINA	
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 type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sebastian Bravo	
STREET ADDRESS	16950 W. Dixie Hwy., C318	
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Javier Alvarez	
STREET ADDRESS	16950 W. Dixie Hwy., A328	
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Eugenio Anido	
STREET ADDRESS	16950 W. Dixie Hwy., A424	
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Matt Clark	
STREET ADDRESS	16950 W. Dixie Hwy., A622	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Carlos Diaz-Sampol **7-31-07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

60054593

# 727332

WOODSIDE APARTMENTS ASSOCIATION, INC.  
16950 WEST DIXIE HIGHWAY  
NORTH MIAMI BEACH, FLORIDA 33160  
PHONE: (305) 949-8993 FAX: (305) 949-4808  
EMAIL: WOODSCON@BELLSOUTH.NET

February 22, 2007

Mr. Baldomero Perez  
Vice President / Branch Manager  
Banco Popular N.A. - Doral Branch

Dear Mr. Perez

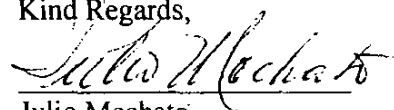
Please be advised that we have contracted Amprex Property Management as our management company effective February 1, 2007, effective immediately.

Please change Woodside mailing address to:

Amprex Property Management.  
10250 Miller Drive, Ste. C-102  
Miami, Fl. 33165

Thank you for your immediate attention on this matter

Kind Regards,



Julio Mechato  
Treasurer