

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90181 039 ****61.25

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DOCUMENT # 727332

1. Entity Name
WOODSIDE APARTMENTS ASSOCIATION, INC.



Principal Place of Business Mailing Address

**C/O LANDMARK MGMT SERVICES
12323 SW 55TH STREET, SUITE 1002
COOPER CITY FL 33330**

**C/O LANDMARK MGMT SERVICES
12323 SW 55TH STREET, SUITE 1002
COOPER CITY FL 33330**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business 3. Mailing Address

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

City & State City & State

4. FEI Number **59-1504756** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LANDMARK MANAGMENT SERVICES
12323 SW 55TH STREET
SUITE 1002
COOPER CITY FL 33330**

7. Name and Address of New Registered Agent

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 _____
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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<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	P	<input type="checkbox"/> Delete
NAME	RANDAZZO, EVELYN	
STREET ADDRESS	16950 W. DIXIE HIGHWAY	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160	
TITLE	VP	<input type="checkbox"/> Delete
NAME	RIVERA, MARITZA	
STREET ADDRESS	16950 W. DIXIE HIGHWAY	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160	
TITLE	P	<input type="checkbox"/> Delete
NAME	DELANEY, ZOLA	
STREET ADDRESS	16950 W. DIXIE HIGHWAY	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAGSTUM, T. GRANT	
STREET ADDRESS	16950 W. DIXIE HIGHWAY	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FARNUM, TONIS	
STREET ADDRESS	16950 WEST DIXIE HWY	
CITY-ST-ZIP	N. MIAMI BCH, FL 33160	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOMBORG, RITA	
STREET ADDRESS	16950 WEST DIXIE HWY	
CITY-ST-ZIP	N. MIAMI BCH, FL 33160	
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		
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 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: *E. FISHER*

CR2E037 (10/02)