

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 727919 (3)

1. Corporation Name

WOODSIDE VILLAGE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

Mailing Address

8736 HARBOR VIEW DR.
ORLANDO FL 32817

8736 HARBOR VIEW DR.
ORLANDO FL 32817

3. Date Incorporated or Qualified

11/01/1973

3a. Date of Last Report

03/30/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1968987

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

24

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BAUER, CHRISTIAN S
8661 ASPEN AVE
ORLANDO FL 32817

81 Name

Christian S. Bauer

82 Street Address (P.O. Box Number is Not Acceptable)

8661 Aspen Ave

83

84 City

Orlando

FL

85 Zip Code

32817

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2-10-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME SITZES, JACK
STREET ADDRESS 8751 HARBOR VIEW DR.
CITY-STATE-ZIP ORLANDO FL ☒ DELETE

1.1 TITLE President
1.2 NAME Christian S. Bauer
1.3 STREET ADDRESS 8661 Aspen Ave
1.4 CITY-STATE-ZIP Orlando FL 32817 ☒ Change ☐ Addition

TITLE DVP
NAME GRUBER, CRIC
STREET ADDRESS 8861 BUTTERNUT BLVD
CITY-STATE-ZIP ORLANDO FL ☐ DELETE

2.1 TITLE Vice President
2.2 NAME Barry Mattox
2.3 STREET ADDRESS 8765 Aspen Ave
2.4 CITY-STATE-ZIP Orlando FL 32817 ☒ Change ☒ Addition

TITLE D
NAME JOHN ALFANO
STREET ADDRESS 8832 LARWIN LANE
CITY-STATE-ZIP ORLANDO FL ☒ DELETE

3.1 TITLE Treasurer
3.2 NAME Tom Arsulowicz
3.3 STREET ADDRESS 8572 Butternut Blvd
3.4 CITY-STATE-ZIP Orlando FL 32817 ☐ Change ☐ Addition

TITLE D
NAME MAURY REMMERS
STREET ADDRESS 8719 BUTTERNUT BLVD
CITY-STATE-ZIP ORLANDO FL ☐ DELETE

4.1 TITLE Secretary
4.2 NAME Cindy Stewart
4.3 STREET ADDRESS 8571 Butternut Blvd
4.4 CITY-STATE-ZIP Orlando FL 32817 ☐ Change ☒ Addition

TITLE S
NAME CYNTHIA WITT
STREET ADDRESS 4024 ECONLOCKHATCHEE TR.
CITY-STATE-ZIP ORLANDO FL ☒ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE T
NAME TOM ARSULOWICZ
STREET ADDRESS 8572 BUTTERNUT BLVD.
CITY-STATE-ZIP ORLANDO FL ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Christian S. Bauer Jr.

2-10-96

CR2E037 (12/95)