

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727919

FILED  
Jan 29, 2010  
Secretary of State

**Entity Name:** WOODSIDE VILLAGE HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

385 DOUGLAS AVE  
STE 3000  
ALTAMONTE SPRINGS, FL 32714

**New Principal Place of Business:**

**Current Mailing Address:**

385 DOUGLAS AVE  
STE 3000  
ALTAMONTE SPRINGS, FL 32714

**New Mailing Address:**

**FEI Number:** 59-1968987

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KATZMAN GARFINKEL, P.A.  
1501 NORTHWEST 49TH STREET - SUITE 202  
FORT LAUDERDALE, FL 33309 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: SHERBURNE, CHRISTINE  
Address: 8737 BUTTERNUT BLVD  
City-St-Zip: ORLANDO, FL 32817 US

Title: DV  
Name: PUNICKI, MICHAEL  
Address: 8736 BUTTERNUT BLVD  
City-St-Zip: ORLANDO, FL 32817 US

Title: DS  
Name: REMMERS, MAURY  
Address: 8719 BUTTERNUT BLVD  
City-St-Zip: ORLANDO, FL 32817 US

Title: DT  
Name: WRENN, CHRISTOPHER  
Address: 8640 ASPEN AVE  
City-St-Zip: ORLANDO, FL 32817 US

Title: DP  
Name: SHERBURNE, CHRIS  
Address: 8737 BUTTERNUT BLVD  
City-St-Zip: ORLANDO, FL 32817 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CHRIS SHERBURNE

DP

01/29/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date