

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 17 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 745267 (5)**  
 1. Corporation Name  
**WOODSIDE VILLAGE CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business <b>4215 EAST BAY DRIVE CLEARWATER FL 34624-6949 US</b>	Mailing Address <b>4215 EAST BAY DRIVE CLEARWATER FL 34624-6949 US</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/15/1978</b>	3a. Date of Last Report <b>02/27/1996</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-1982401</b>	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>RAMPART PROPERTIES, INC 10033 NINTH STREET NORTH ST. PETERSBURG FL 33713</b>		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		85	Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Treasure <input type="checkbox"/> DELETE	1.1 TITLE	President <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMATI, TONY	1.2 NAME	Jerry Gladden
STREET ADDRESS	425 E. BAY DR (908)	1.3 STREET ADDRESS	4215 East Bay Drive (1402-B)
CITY-ST-ZIP	CLEARWATER, FL 00000	1.4 CITY-ST-ZIP	Clearwater, FL. 34624-6949
TITLE	VP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	(D) <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILAS, JANE	2.2 NAME	Paul Ceffalio
STREET ADDRESS	4215 EAST BAY DR	2.3 STREET ADDRESS	4215 East Bay Drive (1602-D)
CITY-ST-ZIP	CLEARWATER, FL 00000	2.4 CITY-ST-ZIP	Clearwater, FL. 34624-6949
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	(D) <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOHRMEISTER, ROBERT	3.2 NAME	Marge Herbes
STREET ADDRESS	4215 E. BAY DR. (1801-G)	3.3 STREET ADDRESS	4215 East Bay Drive (1605-C)
CITY-ST-ZIP	CLEARWATER, FL 00000	3.4 CITY-ST-ZIP	Clearwater, FL. 34624-6949
TITLE	Vice President <input type="checkbox"/> DELETE	4.1 TITLE	(D) <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LORD, PAT	4.2 NAME	Robert Herman (1412-)
STREET ADDRESS	4215 E BAY DR #1412-D	4.3 STREET ADDRESS	4215 East Bay Drive
CITY-ST-ZIP	CLEARWATER, FL 00000	4.4 CITY-ST-ZIP	Clearwater, FL. 34624-6949
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	(D) <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STALEY, DONNA	5.2 NAME	Valerie Schworer
STREET ADDRESS	4215 E. BAY DRIVE UNIT 1602-B	5.3 STREET ADDRESS	2084 Dawn Drive
CITY-ST-ZIP	CLEARWATER FL	5.4 CITY-ST-ZIP	Clearwater, FL. 34623
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	
NAME	SHINE, JOAN	6.2 NAME	
STREET ADDRESS	4215 E. BAY DR. (1401-B)	6.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	6.4 CITY-ST-ZIP	

14. I do 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 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: *Jerry Gladden*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Jerry Gladden President**

Date: *Jan 10 1997*  
 Daytime Phone: *524-2953*

CR2E037 (9/96)