


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90038 002 ****61.25

DOCUMENT # 745267					
1. Entity Name WOODSIDE VILLAGE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 4215 EAST BAY DRIVE CLEARWATER, FL 33764-6949 US			Mailing Address C/O CMC, INC 4175 EAST BAY DRIVE STE 205 CLEARWATER, FL 33764 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1982401	
				Applied For <input type="checkbox"/>	
				Not Applicable <input type="checkbox"/>	
5. Certificate of Status Desired				<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
COMMUNITY MANAGEMENT CONCEPTS INC 4175 EAST BAY DR STE 205 CLEARWATER, FL 33764			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JANDA, JOHN 4215 E BOY DR 1207C CLEARWATER, FL 33764		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PANDY MARTOTANO 4215 EAST BAY DR - 1405 CLEARWATER, FL 33764	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHUTCHMAN, THOMAS 4215 EAST BAY DR #300 CLEARWATER, FL 33764		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUS. RON SHOGREN 4215 EAST BAY DR - 1203A CLEARWATER, FL 33764	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMOVICH, ANN 4215 EAST BAY DRIVE # 1508A CLEARWATER, FL 33764		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROGER TAYLOR 4215 EAST BAY DR - 1601A CLEARWATER, FL 33764	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWIS, CARL 4215 EAST BAY DRIVE # 108 CLEARWATER, FL 33764				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRANNIGAN, JOANN 4215 EAST BAY DR #1604B CLEARWATER, FL 33764				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ELKIN, BOB 4215 E BAY DR 1209A CLEARWATER, FL 33764				
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					