


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2008 8:00 am**  
**Secretary of State**

03-14-2008 90037 033 \*\*\*\*61.25

<b>DOCUMENT # 745267</b> 1. Entity Name <b>WOODSIDE VILLAGE CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>4215 EAST BAY DRIVE CLEARWATER, FL 33764-6949 US</b>				Mailing Address <b>C/O CMC, INC 4175 EAST BAY DRIVE STE 205 CLEARWATER, FL 33764 US</b>	
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 <b>59-1982401</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>COMMUNITY MANAGEMENT CONCEPTS INC 4175 EAST BAY DR STE 205 CLEARWATER, FL 33764</b>				7. Name and Address of New Registered Agent  Name <b>KIRK BLISS</b> Street <b>CMC</b> <b>4175 East Bay Dr., Suite 205</b> City <b>Clearwater, FL 33764</b>	
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 <u><i>Kirk Bliss</i></u> DATE <u>3/09/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee Is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>JANDA, JOHN</b> <b>4215 E BOY DR 1207C</b> <b>CLEARWATER, FL 33764</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CHUTCHMAN, THOMAS</b> <b>4215 EAST BAY DR #300</b> <b>CLEARWATER, FL 33764</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MARTOTANO, ANDY</b> <b>4215 EAST BAY DRIVE # 1508A</b> <b>CLEARWATER, FL 33764</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>SHOGREN, RON</b> <b>4215 EAST BAY DRIVE # 108</b> <b>CLEARWATER, FL 33764</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>BRANNIGAN, JOANN</b> <b>4215 EAST BAY DR #1604B</b> <b>CLEARWATER, FL 33764</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>ELKIN, BOB</b> <b>4215 E BAY DR 1209A</b> <b>CLEARWATER, FL 33764</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Ronald Shogren</i></u> Date <u>(121) 539-7075</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #</small>					

40045692



02042008 Chg-NP CR2E037 (12/06)

(see attached)

ATTACHMENT

40045692  
#745267

**WOODSIDE VILLAGE CONDOMINIUM ASSOCIATION**

4215 East Bay Drive ■ Clearwater, FL 33764  
727-539-7075 Voice ■ 727-539-1135 Fax

**ADDITIONAL DIRECTORS**

Director

**Taylor, Roger**

4215 East Bay Drive, #1601-C  
Clearwater, FL 33764

Director

**Kevin Ferkowicz**

4215 East Bay Drive, #1505-C  
Clearwater, FL 33764