
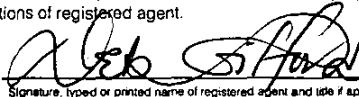
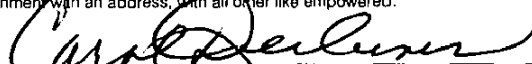


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90042 016 \*\*\*\*61.25

<b>DOCUMENT # 759604</b> 1. Entity Name WOODSIDE TERRACE CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business PROGRESSIVE COMMUNITY MGMT., INC. 1801 GLENGARY STREET SARASOTA, FL 34231		Mailing Address PROGRESSIVE COMMUNITY MGMT., INC. 1801 GLENGARY STREET SARASOTA, FL 34231	
2. Principal Place of Business - No P.O. Box # <b>ARGUS PROPERTY MANAGEMENT INC</b> 2477 STICKNEY POINT RD., #118A SARASOTA, FLORIDA 34231		3. Mailing Address <b>ARGUS PROPERTY MANAGEMENT INC</b> 2477 STICKNEY POINT RD., #118A SARASOTA, FLORIDA 34231	
City <b>SARASOTA, FLORIDA 34231</b>		City & State <b>SARASOTA, FLORIDA 34231</b>	
Zip <b>34231</b>		Country <b>USA</b>	
4. FEI Number <b>59-2436622</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>ARGUS PROPERTY MANAGEMENT, INC.</b> <b>2477 STICKNEY POINT RD STE 118A</b> <b>SARASOTA, FL 34231</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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.</small>		(NOTE: Registered Agent signature required when reinstating) DATE	
<b>Filing Fee is \$61.25</b> <b>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>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SWANSON, KAREN 7213 WOOD CREEK DR., #9 SARASOTA, FL 34231 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treas. Griffith, Ted 7175 WOOD CREEK DR #6 SARASOTA FL 34231 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BENNETT, ELIZABETH 7243 WOOD CREEK DR., #28 SARASOTA, FL 34231 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WESTHEIMER, CAROL 7197 WOOD CREEK DRIVE, # 14 SARASOTA, FL 34231 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GUIDUCCI, WILLIAM 7166 WOOD CREEK DR 41 SARASOTA, FL 34231 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MARKEL, JIM 1801 GLENGARY ST SARASOTA, FL 34231 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPC Sherman, Joan 7143 WOOD CREEK DR #203 SARASOTA FL 34231 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT SUTTON, WILLIAM 1801 GLENGARY STREET SARASOTA, FL 34231 <input checked="" 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>4-3-08</b> Daytime Phone #	