

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90469 047 \*\*\*\*61.25

**DOCUMENT # 770946**

1. Entity Name  
**WOODSIDE VILLAS CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**WOODSIDE VILLAS**  
**7200 SW 8TH AVENUE #150**  
**GAINESVILLE, FL 32607**

Mailing Address  
**WOODSIDE VILLAS**  
**7200 SW 8TH AVENUE #150**  
**GAINESVILLE, FL 32607**

**60045228**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04252007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**59-2533650**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RHINESMITH, PATRICIA**  
**BOSSHARDT PROPERTY MGT**  
**5522 NW 43RD STREET STE 8**  
**GAINESVILLE, FL 32653**

Name **Rebecca Lanea Curl**  
Street Address (P.O. Box Number is Not Acceptable)  
**BOSSHARDT Property Mgmt. Inc**  
**5522 NW 43rd st Ste B**  
City **Gainesville** FL Zip Code **32653**

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 **Rebecca L Curl** **Rebecca L Curl** **4-25-07**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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 **PD** ☐ Delete  
NAME **LOFTON, JENNIFER**  
STREET ADDRESS **7200 SW 8TH AVE #127**  
CITY-ST-ZIP **GAINESVILLE, FL 32607**

TITLE **PD** ☒ Change ☐ Addition  
NAME **Loftin, Jennifer**  
STREET ADDRESS **7200 SW 8th Ave #127**  
CITY-ST-ZIP **Gainesville FL 32607**

TITLE **VP** ☐ Delete  
NAME **HORSELY, JACK**  
STREET ADDRESS **7200 SW 8TH AVE., #58**  
CITY-ST-ZIP **GAINESVILLE, FL 32607**

TITLE **D** ☒ Change ☐ Addition  
NAME **Horsley, Jack**  
STREET ADDRESS **7200 SW 8th Ave #58**  
CITY-ST-ZIP **Gainesville FL 32607**

TITLE **SD** ☐ Delete  
NAME **CARMEAN, JOHN**  
STREET ADDRESS **7200 SW 8TH AVE., #T-130**  
CITY-ST-ZIP **GAINESVILLE, FL 32607**

TITLE **VP** ☒ Change ☐ Addition  
NAME **Carman, John**  
STREET ADDRESS **7200 SW 8th Ave # T-130**  
CITY-ST-ZIP **Gainesville FL 32607**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **TD** ☐ Change ☒ Addition  
NAME **Emerito Ramos**  
STREET ADDRESS **7200 SW 8th Ave # 89**  
CITY-ST-ZIP **Gainesville FL 32607**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **SD** ☐ Change ☒ Addition  
NAME **Alexander Laskin**  
STREET ADDRESS **7200 SW 8th Ave #122**  
CITY-ST-ZIP **Gainesville FL 32607**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: **Jennifer Loftin** **Jennifer Loftin** **4/25/07** **371-2118**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #