


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 28, 2006 8:00 am**  
**Secretary of State**

03-28-2006 90121 021 \*\*\*\*61.25

<b>DOCUMENT # N07584</b>			
1. Entity Name WOODSIDE AT PORT MALABAR CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business C/O VISTA PROPERTIES MGMT., INC. 100 VISTA ROYALE BLVD. VERO BEACH, FL 32962 US		Mailing Address 957 SONESTA AVE. N.E. PALM BAY, FL 32905	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-2504643		Applied For <input type="checkbox"/> Not Applicable	
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	
LEVINE, STEVEN JAY 2500 N. MILITARY TRAIL SUITE <del>275</del> 490 BOCA RATON, FL 33431		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2006		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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILLIPS, PALMER	NAME	
STREET ADDRESS	933 SONESTA AVENUE J 201	STREET ADDRESS	
CITY-ST-ZIP	PALM BAY, FL 32905	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEMERAIT, DORIS	NAME	<i>D NEED, THOMAS</i>
STREET ADDRESS	993 SONESTA AVE NE A201	STREET ADDRESS	<i>993 SONESTA AVE NE 202</i>
CITY-ST-ZIP	PALM BAY, FL 32905	CITY-ST-ZIP	<i>PALM BAY, FL 32905</i>
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLEMAN, DENNIS	NAME	
STREET ADDRESS	901 SONESTA AVE P202	STREET ADDRESS	
CITY-ST-ZIP	PALM BAY, FL	CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHEY, JAMES	NAME	
STREET ADDRESS	905 SONESTA AVE, N.E. O-202	STREET ADDRESS	
CITY-ST-ZIP	PALM BAY, FL 32905	CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CINTRON, RAFAELA	NAME	
STREET ADDRESS	913 SONESTA AVE N.B., # 101	STREET ADDRESS	
CITY-ST-ZIP	PALM BAY, FL 32905	CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONGER, FRANCIS	NAME	
STREET ADDRESS	997 SONESTA AVENUE Q202	STREET ADDRESS	
CITY-ST-ZIP	PALM BAY, FL 32905	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: <i>E Dennis Coleman</i>		PRES. 3/1/06 321 984-0930	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	