

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90323 009 ****61.25

DOCUMENT # N07584

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**

40000046



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03012007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-2504643

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

**LEVINE, STEVEN JAY
2500 N. MILITARY TRAIL
SUITE 490
BOCA RATON, FL 33431**

Name **Levine, Steven Jay**
Street Address (P.O. Box Number is Not Acceptable)
2500 N. Military Trail
Suite 283
City **Boca Raton** **FL** Zip Code **33431**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reissuing)

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 ☐ Delete
NAME **D**
STREET ADDRESS **PHILLIPS, PALMER**
CITY-ST-ZIP **933 SONESTA AVENUE J 201
PALM BAY, FL 32905**

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **NEED, THOMAS**
CITY-ST-ZIP **993 SONSETTA AVE NE. 202
PALM BAY, FL 32905**

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

TITLE ☐ Delete
NAME **DP**
STREET ADDRESS **COLEMAN, DENNIS**
CITY-ST-ZIP **901 SONESTA AVE P202
PALM BAY, FL**

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

TITLE ☐ Delete
NAME **DT**
STREET ADDRESS **RICHEY, JAMES**
CITY-ST-ZIP **905 SONESTA AVE. N.E. O-202
PALM BAY, FL 32905**

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

TITLE ☐ Delete
NAME **DS**
STREET ADDRESS **CINTRON, RAFAELA**
CITY-ST-ZIP **913 SONESTA AVE N.B., # 101
PALM BAY, FL 32905**

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

TITLE ☐ Delete
NAME **DVP**
STREET ADDRESS **CONGER, FRANCIS**
CITY-ST-ZIP **997 SONESTA AVENUE Q202
PALM BAY, FL 32905**

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: Dennis Coleman Dennis Coleman 4/10/07 371-9843653
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #