## 2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## **DOCUMENT # N07584**

1. Entity Name



Apr 16, 2007 8:00 am Secretary of State 04-16-2007 90323 009 \*\*\*\*61 25

WOODSIDE AT PORT MALABAR CONDOMINIUM ASSOCIATION, INC.						10- <u>2</u> 007	J0323 00.	0.	20	
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					4uubə	/0501 E/161 16111 PK	TA BURTA BITETA BURTA B			
2. Principal Place of Business - No P.O. Box # 3.		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03012007 C	hg-NP	CR2E037	(12/06)			
City & State		City & State		4. FEI Number 59-250464	3			plied For t Applicable		
Zip	Country	Zip	Country	-	5. Certificate of S	atus Desired	11 7	8.75 Add ee Required		
	6. Name and Address of Current f	Registered Agent	···		7. Name and Add	ress of New I	Registered Ag	ent		
				Name   Storing Storing						
LEVINE, STEVEN JAY				Street Address (P.O. Box Number is Not Acceptable)						
2000 N. MI SUITE 490	ILITARY TRAIL		2	2500	W. W. W.	-2 C 1 T 0	۵.۱			
	TON, FL 33431			Surta	·282					
	·		Cit	Sity Boca Ration FL Zip Code 33431						
8. The above	named entity submits this statement for	the purpose of changing its r	egistered offi	ice or register		the State of FI	orida. I am fan			
the obligat	ions of registered agent.		-	_					·	
SIGNATURE										
	~	- 4 MA - 4 F 1								
	Signeture, typed or printed name of registered agent a	nd title # applicable. (NOTE:	Registered Agent	t signature required	when reinstating)	·	DATE			
	Signeture, typed or printed name of registered agent a Filling Fee is \$61.25 Due by May 1, 2007	9. Election Cam Trust Fund Co	paign Financ		\$5.00 May Be Added to Fees	,	DATE lake check p rida Departm	-		
10. ,	Filing Fee is \$61.25	9. Election Cam Trust Fund Co	paign Financ	sing	\$5.00 May Be	Flo	lake check p rida Departm	nent of St	ate	
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I nereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Honda Statutes, 1 turner 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: De Mais Co Leman Demuis SIGNATURE AND TYPED OR PRONTED NAME OF BIONISMO OFFICER OR DIRECTOR 4/10/07 371-9843653