2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Feb 07, 2007 8:00 am Secretary of State

DOCUMENT # N16267 1. Entity Name WOODSIDE ESTATES HOMEOWNERS ASSOCIATION, INC.						90040 047 ****	61.25	
953 UNIVERSITY DRIVE PO E		Mailing Address PO BOX 8726 CORAL SPRINGS, FL 330	BOX 8726		10628			
			•					
2. Principal Place of Business - No P.O. Box # 3.		Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01152007 Ch	g-NP	CR2E037 (12/06)	•	
City & State		City & State		4. FEI Number 65-006225	1	├	Applied For Not Applicable	
Zip	Country	Zip .	Country	5. Certificate of Sta	ntus Desired	\$8.75 A Fee Requi		
	6. Name and Address of Current Ro	gistered Agent		7. Name and Addr	ess of New R	egistered Agent		
INTEGRITY MANAGEMENT			Name	Name				
INTEGRITY MANAGEMENT 953 UNIVERSITY DRIVE CORAL SPRINGS, FL 33071			Street Address	Street Address (P.O. Box Number is Not Acceptable)				
	•							
			City			FL Zip Co	de	
the obligat	named entity submits this statement for tions of registered agent.	he purpose of changing its re	gistered office or regist	tered agent, or both, in t	the State of Flo	rida. Tam familiar witt	a, and accept	
SIGNATURE	Signature, typed or printed name of registered agent and	d title ∉ applicable. (NOTE R	Registered Agent signature requir	red when reinstating)		DATE	<u></u>	
SIGNATURE		9. Election Camp. Trust Fund Cor	aign Financing	\$5.00 May Be Added to Fees		DATE ake check payable da Department of		
10.	Signature, typed or printed name of registered agent and Filling Fee is \$61.25	9. Election Camp: Trust Fund Cor	aign Financing	\$5.00 May Be	Flori	ake check payable da Department of	State	
	Signature, typed or printed name of registered agent and Filling Fee is \$61.25 Due by May 1, 2007	9. Election Camp: Trust Fund Cor	raign Financing ntribution.	\$5.00 May Be Added to Fees	Flori	ake check payable da Department of	State IN 10	
10. TITLE NAME STREET ADDRESS	Filling Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DIRE STD DIPENTIMA, DONALD 3200 N UNIVERSITY DR #210	9. Election Camp. Trust Fund Cor	naign Financing ntribution. 11. TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees	Flori	ake check payable da Department of RS AND DIRECTORS	State IN 10	
10. TITLE NAME STREET ADDRESS CITY - ST- ZIP TITLE NAME STREET ADDRESS	Filling Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DIRE STD DIPENTIMA, DONALD 3200 N UNIVERSITY DR #210 CORAL SPRINGS, FL VPD MENCORELLI, J.R. 3907 SANCTUARY DR	9. Election Camp. Trust Fund Cor CTORS	aign Financing ntribution. 11. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees	Flori	ake check payable da Department of RS AND DIRECTORS	State IN 10 Addition	
10. TITLE NAME STREET ADDRESS CITY - ST- ZIP TITLE NAME STREET ADDRESS CITY - ST- ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Filling Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DIRE STD DIPENTIMA, DONALD 3200 N UNIVERSITY DR #210 CORAL SPRINGS, FL VPD MENCORELLI, J.R. 3907 SANCTUARY DR POMPANO BEACH, FL 33065 PD RITTER, MARY 3555 ORCHARD DRIVE	9. Election Camp. Trust Fund Cor CTORS Delete	aign Financing ntribution. 11. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP FITLE NAME STREET ADDRESS CITY-SI-ZIP FITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees	Flori	ake check payable da Department of RS AND DIRECTORS Change	State IN 10 Addition	
10. TITLE NAME STREET ADDRESS CITY - ST- ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	Filling Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DIRE STD DIPENTIMA, DONALD 3200 N UNIVERSITY DR #210 CORAL SPRINGS, FL VPD MENCORELLI, J.R. 3907 SANCTUARY DR POMPANO BEACH, FL 33065 PD RITTER, MARY 3555 ORCHARD DRIVE	9. Election Camp. Trust Fund Cor CTORS Delete Delete	aign Financing ntribution. 11. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	\$5.00 May Be Added to Fees	Flori	ake check payable da Department of RS AND DIRECTORS Change Change	State IN 10 Addition Addition Addition	

12. I hereby certify that the information supplied with this filt indicated on this report or supplemental report of the corporation or the receiver or trusted er professed changed, or on an attachment with an autures, with all filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director do execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if Ill other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-755.8414