

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50690

FILED
Mar 20, 2009
Secretary of State

Entity Name: WOODSIDE OAKS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2848 PROCTOR RD
SUITE A
SARASOTA, FL 34231 US

New Principal Place of Business:

Current Mailing Address:

2848 PROCTOR RD
SUITE A
SARASOTA, FL 34231 US

New Mailing Address:

FEI Number: 65-0407524 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MILLER MANAGEMENT SERVICES INC.
2848 PROCTOR ROAD
SARASOTA, FL 34231 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: GILMAN, JACALYN
Address: 7042 WOODSIDE OAKS CIRCLE
City-St-Zip: SARASOTA, FL 34231

Title: PD () Delete
Name: REIF, RUDOLPH
Address: 7011 WOODSIDE OAKS CIRCLE
City-St-Zip: SARASOTA, FL 34231

Title: VD () Delete
Name: ILLIG, JOHN
Address: 7013 WOODSIDE OAKS CIR
City-St-Zip: SARASOTA, FL 34231

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: GILMAN, JACALYN
Address: 7042 WOODSIDE OAKS CIRCLE
City-St-Zip: SARASOTA, FL 34231 US

Title: PD (X) Change () Addition
Name: REIF, RUDOLPH
Address: 7011 WOODSIDE OAKS CIRCLE
City-St-Zip: SARASOTA, FL 34231 US

Title: VD (X) Change () Addition
Name: ILLIG, JOHN
Address: 7013 WOODSIDE OAKS CIR
City-St-Zip: SARASOTA, FL 34231 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RUDOLPH REIF

PRES

03/20/2009

Electronic Signature of Signing Officer or Director

_____ Date