03011999-90185-042-$61.25-$61.25

FILED

99 MAR 22 PM 2:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0084100

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000004978

1. Corporation Name
WESTSIDE COMMUNITY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1321 SHEPPARD AVENUE SANFORD FL 32771 US	1321 SHEPPARD AVENUE SANFORD FL 32771 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 11/04/1993
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3212525 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☑ $8.75 Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
YOUNG, JOE 1321 SHEPPARD AVENUE SANFORD FL 32771	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City ****** FL 85 Zip Code *****

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	YOUNG, JOE		1.2 NAME	
STREET ADDRESS	1321 SHEPPARD AVENUE		1.3 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL 32771		1.4 CITY-ST-ZIP	
TITLE	VPD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HOPKINS-KNIGHT, MARGIE		2.2 NAME	
STREET ADDRESS	1010 W. 16TH STREET		2.3 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL 32771		2.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	3.1 TITLE	Secretary ☐ Change ☐ Addition
NAME	WYNN, BETTY J		3.2 NAME	Betty J. Wynn
STREET ADDRESS	2001 W. 13TH STREET		3.3 STREET ADDRESS	2001 W. 13th St.
CITY-ST-ZIP	SANFORD FL 32771		3.4 CITY-ST-ZIP	Sanford FL 32771
TITLE	P	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	PINKEY, BEVERLY A		4.2 NAME	
STREET ADDRESS	1506 W. 18TH STREET		4.3 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL 32771		4.4 CITY-ST-ZIP	
TITLE	C	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	LAWRENCE, GWENDOLYN		5.2 NAME	
STREET ADDRESS	1315 SOUTHWEST ROAD		5.3 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL 32771		5.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	EUDELL, FANNIE misspelled Jannie Eudell		6.2 NAME	Jannie Eudell
STREET ADDRESS	907 S. HOLLY AVENUE		6.3 STREET ADDRESS	907 So. Holly Treasurer
CITY-ST-ZIP	SANFORD FL 32771		6.4 CITY-ST-ZIP	Sanford Fla. 32771

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

(407)

SIGNATURE: SIGNATURE REQUIRED JOE YOUNG 2-4-99 328-5085
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #