

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P39764** (6)  
1. Corporation Name  
**WOODSIDE HOUSING RESOURCE FOUNDATION, INC.**



Principal Place of Business Mailing Address  
**C/O ROBERT TOAN// NAKER & MCKENZIE**  
**805 THIRD AVENUE**  
**NEW YORK NY 10022**  
**WOODSIDE APARTMENTS**  
**900 WOODSIDE CIRCLE**  
**KISSIMMEE FL 34741**  
**US**

3. Date Incorporated or Qualified **07/24/1992** 3a. Date of Last Report **09/25/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>51-0339243</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
23. Country	28. Zip	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Country	25. Zip	29. Country	30. Zip

9. Name and Address of Current Registered Agent

**SCHIPPERS JAY**  
**900 WOODSIDE CIRCLE**  
**KISSIMMEE FL 34741**

81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83.	84. City	85. Zip Code
			<b>FL</b>	

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHIPPERS, JAY</b>	1.2 NAME	
STREET ADDRESS	<b>425 MADISON AVE., #1500</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY</b>	1.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TOAN, ROBERT W.</b>	2.2 NAME	<b>800001796588</b>
STREET ADDRESS	<b>% 805 THRID AVE.</b>	2.3 STREET ADDRESS	<b>-04/26/96--01081--025</b>
CITY-ST-ZIP	<b>NEY YORK NY</b>	2.4 CITY-ST-ZIP	<b>***70.00</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GOLDSTEIN, MORT</b>	3.2 NAME	
STREET ADDRESS	<b>340 11TH STREET</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BROOKLYN NY</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SLUDER, GREENFIELD</b>	4.2 NAME	
STREET ADDRESS	<b>65 RICE ROAD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WAYLAND MA</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>SUE EVANS D.</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>900 WOODSIDE CIR</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>KISSIMMEE FL 34741</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/15/96**  
Date

Daytime Phone #

CR2E037 (12/95)