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Apr 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P39764 (6)
1. Corporation Name
WOODSIDE HOUSING RESOURCE FOUNDATION, INC.



Principal Place of Business C/O ROBERT TOAN// NAKER & MCKENZIE 805 THIRD AVENUE NEW YORK NY 10022	Mailing Address WOODSIDE APARTMENTS 900 WOODSIDE CIRCLE KISSIMMEE FL 34741-4738 US
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3. Date Incorporated or Qualified 07/24/1992	3a. Date of Last Report 04/26/1996
4. FEI Number 51-0339243	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

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	FL

10. Name and Address of New Registered Agent	
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)
83	84 City
85 Zip Code	FL

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 *Jay Schippers* DATE 3/3/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	V <input type="checkbox"/> DELETE
NAME	SCHIPPERS, JAY
STREET ADDRESS	425 MADISON AVE., #1500
CITY-ST-ZIP	NEW YORK NY
TITLE	S <input type="checkbox"/> DELETE
NAME	TOAN, ROBERT W.
STREET ADDRESS	% 805 THRID AVE.
CITY-ST-ZIP	NEY YORK NY
TITLE	D <input type="checkbox"/> DELETE
NAME	GOLDSTEIN, MORT
STREET ADDRESS	340 11TH STREET
CITY-ST-ZIP	BROOKLYN NY
TITLE	D <input type="checkbox"/> DELETE
NAME	SLUDER, GREENFIELD
STREET ADDRESS	65 RICE ROAD
CITY-ST-ZIP	WAYLAND MA
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	EVANS, SUE
STREET ADDRESS	900 WOODSIDE DR.
CITY-ST-ZIP	KISSIMMEE FL 34741
TITLE	JAY Schippers <input type="checkbox"/> DELETE
NAME	900 Woodside Cr.
STREET ADDRESS	Kissimmee, Fl. 34741
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	V, D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JAY Schippers
1.3 STREET ADDRESS	900 Woodside Cr.
1.4 CITY-ST-ZIP	Kissimmee, Fl. 34741
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Jay Schippers* DATE 3/3/97

CR2E037 (9/96)