

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P39764

Corporation Name

WOODSIDE HOUSING RESOURCE FOUNDATION, INC.

FILED  
Feb 23, 1999 8:00 am  
Secretary of State

02-23-1999 90086 006 \*\*\*\*61.25

103248 90086 6

Principal Place of Business  
C/O ROBERT TOAN, NAKER & MCKENZIE  
905 THIRD AVENUE  
NEW YORK NY 10022  
Woodside Apts  
900 Woodside Circle  
Kissimmee FL 34741

Mailing Address  
WOODSIDE APARTMENTS  
900 WOODSIDE CIRCLE  
KISSIMMEE FL 34741



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	07/24/1992
22 City & State	27 City & State	4. FEI Number
23 900 WOODSIDE CIRCLE	28 900 WOODSIDE CIRCLE	51-0339243
24 KISSIMMEE FL	29 34741	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
25 OSEOLA	30	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

SCHIPPERS JAY  
900 WOODSIDE CIRCLE  
KISSIMMEE FL 34741

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

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	VD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHIPPERS, JAY	1.2 NAME	
STREET ADDRESS	900 WOODSIDE CR	1.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOAN, ROBERT W.	2.2 NAME	
STREET ADDRESS	% 805 THRID AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEY YORK NY	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDSTEIN, MORT	3.2 NAME	
STREET ADDRESS	340 11TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKLYN NY	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLUDER, GREENFIELD	4.2 NAME	
STREET ADDRESS	65 RICE ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	WAYLAND MA	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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 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.

SIGNATURE:

Jay Schippers  
JAY SCHIPPERS

Date

Daytime Phone #

1/11/99 407-846-4154