

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90022 042 ****61.25

DOCUMENT # 755909

1. Entity Name

THE VILLAGE AT WILDFLOWER COUNTRY CLUB CONDOMINI

Principal Place of Business

Mailing Address

6796 GASPARILLA PINES BLVD.
 P.O. BOX 5282
 GROVE CITY FL 34224-9344

6796 GASPARILLA PINES BLVD.
 P.O. BOX 5282
 GROVE CITY FL 34224-0282

600009



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2263399

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOWARD, PAUL A
6796 GASPARILLA PINES BLVD.
UNIT 92
ENGLEWOOD FL 34224

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--------------------------------------|--|
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | HOWARD, PAUL A | |
| STREET ADDRESS | 6796 GASPARILLA PINES DR., UNIT 92 | |
| CITY-ST-ZIP | ENGLEWOOD FL | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | FOSTER, IRVIN | |
| STREET ADDRESS | 6796 GASPARILLA PINES BLVD., UNIT 53 | |
| CITY-ST-ZIP | ENGLEWOOD FL 34224 | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete |
| NAME | KUTKA, MARY | |
| STREET ADDRESS | 6796 GASPARILLA PINES BLVD., UNIT 87 | |
| CITY-ST-ZIP | ENGLEWOOD FL | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | GLADMAN, BERNARD | |
| STREET ADDRESS | 6796 GASPARILLA PINES BLVD. UNIT 89 | |
| CITY-ST-ZIP | ENGLEWOOD FL 34224 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | NEWMAN, IRENE | |
| STREET ADDRESS | 6796 GASPARILLA PINES BLVD., UNIT 61 | |
| CITY-ST-ZIP | ENGLEWOOD FL 34224 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|------------------------------------|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | SD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> |
| NAME | KURT MONSELL | |
| STREET ADDRESS | 6796 GASPARILLA PINES BLVD UNIT 87 | |
| CITY-ST-ZIP | ENGLEWOOD, FLA, 34224 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. 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 report or supplemental 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 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Paul A. Howard*
PAUL A. HOWARD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-2000 941-697-4459