

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 14 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 765972 (5)**

1. Corporation Name  
**VILLAS OF NORTHDALÉ HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business <b>C/O WISE PROPERTY MANAGEMENT, INC. 7628 N. 56TH ST., STE. 2 TAMPA FL 33617</b>	Mailing Address <b>C/O WISE PROPERTY MANAGEMENT, INC. 7628 N 56TH ST STE 8 TAMPA FL 33617-7732 US</b>
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3. Date Incorporated or Qualified <b>12/03/1982</b>	3a. Date of Last Report <b>04/29/1996</b>
4. FEI Number <b>59-2302534</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>7628 N 56TH STREET</b>	2a. Mailing Address 26
Suite, Apt. #, etc. 22 <b>SUITE 8</b>	Suite, Apt. #, etc. 27
City & State 23 <b>TAMPA, FL</b>	City & State 28
Zip 24 <b>33617</b>	Country 25 <b>US</b>

9. Name and Address of Current Registered Agent

**SPIVEY, WILLIAM C.  
% WISE PROPERTY MANAGEMENT, INC  
7628 N 56TH STREET SUITE 2  
TAMPA FL 33617**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ALTMAN, JOHN</b>	
STREET ADDRESS	<b>16165 RAMBLING VINE DRIVE, E</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> DELETE
NAME	<b>BOUCHER, RITA</b>	
STREET ADDRESS	<b>16136 RAMBLING VINE DR E</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BORDWELL, SANDY</b>	
STREET ADDRESS	<b>16321 RAMBLING VINE DR., W</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>VD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>WATERS, ANTHONY D.</b>	
1.3 STREET ADDRESS	<b>16185 RAMBLING VINE DR, E</b>	
1.4 CITY-ST-ZIP	<b>TAMPA, FL 33624</b>	
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	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>BORDWELL, SANDY</b>	
3.3 STREET ADDRESS	<b>16321 RAMBLING VINE DR, W.</b>	
3.4 CITY-ST-ZIP	<b>TAMPA, FL 33624</b>	
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: *Sandy Bordwell, President* 4-2-97 012 919 1118

CR2E037 (9/96)