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**Apr 28, 1999 8:00 am**  
**Secretary of State**

04-28-1999 90005 007 \*\*\*\*70.00

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # 765972**

1. Corporation Name

**VILLAS OF NORTHDALÉ HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

7628 N 56TH ST  
 SUITE 8  
 TAMPA FL 33617  
 US

Mailing Address

C/O WISE PROPERTY MANAGEMENT, INC.  
 7628 N 56TH ST STE 8  
 TAMPA FL 33617  
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

12/03/1982

4. FEI Number

59-2302534

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Election Campaign Financing  
 Trust Fund Contribution

**\$5.00** May Be  
 Added to Fees

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

**FL**

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

TITLE: STD  DELETE  
 NAME: SELF, L  
 STREET ADDRESS: 16227 RAMBLING VINE DR W  
 CITY-ST-ZIP: TAMPA FL

TITLE: VD  DELETE  
 NAME: SELF, M  
 STREET ADDRESS: 16136 RAMBLING VINE DR E  
 CITY-ST-ZIP: TAMPA FL

TITLE: PD  DELETE  
 NAME: ALTMAN, J  
 STREET ADDRESS: 16321 RAMBLING VINE DR., W  
 CITY-ST-ZIP: TAMPA FL

TITLE:  DELETE  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  DELETE  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  DELETE  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: IN 12

1.1 TITLE: PD  Change  Addition  
 1.2 NAME: HELMSTETTER, GEORGE F.  
 1.3 STREET ADDRESS: 16141 RAMBLING VINE DR, E  
 1.4 CITY-ST-ZIP: TAMPA, FL 33624

2.1 TITLE: SD  Change  Addition  
 2.2 NAME: HUBARD, NORMA  
 2.3 STREET ADDRESS: 16153 RAMBLING VINE DR, E.  
 2.4 CITY-ST-ZIP: TAMPA, FL 33624

3.1 TITLE: VD  Change  Addition  
 3.2 NAME: RITLEDGE, WAYNE  
 3.3 STREET ADDRESS: 16210 RAMBLING VINE DR, W  
 3.4 CITY-ST-ZIP: TAMPA, FL 33624

4.1 TITLE:  Change  Addition  
 4.2 NAME:  
 4.3 STREET ADDRESS:  
 4.4 CITY-ST-ZIP:

5.1 TITLE:  Change  Addition  
 5.2 NAME:  
 5.3 STREET ADDRESS:  
 5.4 CITY-ST-ZIP:

6.1 TITLE:  Change  Addition  
 6.2 NAME:  
 6.3 STREET ADDRESS:  
 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(1)(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: *G. F. Helmstetter* G. F. HELMSTETTER Pres. 4-13-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

962-3041

CR2E037 (11/98)