

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 765972

1. Entity Name

VILLAS OF NORTHDALÉ HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90110 027 \*\*\*\*70.00

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 33617-7732  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2302534

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HELMSTETTER, GEORGE	
STREET ADDRESS	16141 RAMELING VINE DR - E	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HUBARD, NORMA	
STREET ADDRESS	16153 RAMELING VINE DR, E	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RITLEDGE, WAYNE	
STREET ADDRESS	16210 RAMBLING VINE DR, W	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	STD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	RON PRWITT		
STREET ADDRESS	16212 RAMBLING VINE W		
CITY-ST-ZIP	TAMPA FL 33624		
TITLE	VD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	PATSK ARTHUR		
STREET ADDRESS	16187 RAMBLING VINE W		
CITY-ST-ZIP	TAMPA FL 33624		
TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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 if changed, or on an attachment with an address, with all other information provided.

SIGNATURE:

*Wayne Ritledge*  
 SIGNATURE REQUIRED WAYNE RITLEDGE

3/29/08

Date

Daytime Phone #

CR2E037 (9/99)