

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90302 042 ****70.00

UBR1103

DOCUMENT # 765972

1. Entity 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
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00040309



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 16105 N. FLORIDA Suite, Apt. #, etc. SUITE A City & State LUTZ FL	3. Mailing Address 16105 N. FLORIDA Suite, Apt. #, etc. SUITE A City & State LUTZ FL
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Zip 33549	Country	Zip 33549	Country
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4. FEI Number 59-2302534	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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)
16105 N. FLORIDA
SUITE A
 City
LUTZ FL Zip Code
33549

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PRUITT, RON 16212 RAMBLING VING W TAMPA FL 33624 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ARTHUR, PATSY 16212 RAMBLING VINE W TAMPA FL 33624 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RITLEDGE, WAYNE 16210 RAMBLING VINE DR, W TAMPA FL 33624 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHN ALTMAN 16165 RAMBLING VINE DR E. TAMPA FL 33624 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JEANNINE DACTON 16157 RAMBLING VINE DR W TAMPA FL 33624 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SUE ANN SHEPHERD 16106 RAMBLING VINE DR E TAMPA FL 33624 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 within other than the corporation.

SIGNATURE: SUE ANN SHEPHERD **SIGNATURE:** WILLIAM C. SPIVEY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/15/01** Daytime Phone # _____

CR2E037 (10/00)