

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2002 8:00 am**  
**Secretary of State**

04-23-2002 90337 018 \*\*\*\*70.00

**DOCUMENT # 765972**

1. Entity Name  
**VILLAS OF-NORTHDALE HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business      Mailing Address  
**16105 N FLORIDA SUITE A LUTZ FL 33549 US**      **16105 N FLORIDA SUITE A LUTZ FL 33549 US**

**80074833**



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 **59-2302534**      Applied For / Not Applicable

Zip      Country      Zip      Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**SPIVEY, WILLIAM C.**  
**16105 N FLORIDA SUITE A**  
**LUTZ FL 33549**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>ALTMAN, JOHN</b> <b>16165 RAMBLING VINE DR E</b> <b>TAMPA FL 33624</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>DALTON, JEANNINE</b> <b>16157 RAMBLING VINE DR W</b> <b>TAMPA FL 33624</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>SHEPERD, SUE ANN</b> <b>16106 RAMBLING VINE DR E</b> <b>TAMPA FL 33624</b> <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	<b>PD</b> <b>MIKE SELF</b> <b>16227 RAMBLING VINE W</b> <b>TAMPA FL 33624</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>ROBERT LINDQUIST</b> <b>16225 RAMBLING VINE W</b> <b>TAMPA FL 33624</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>ELINDR SCOTT</b> <b>16120 RAMBLING VINE W</b> <b>TAMPA FL 33624</b> <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, with all other like empowered.

**SIGNATURE:** *[Signature]*      **4/10/02**      **TREASURER**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

00771833  
CR2E037 (9/01)

RUN DATE: 3/26/02  
RUN TIME: 9:53 AM

VILLAS OF NORTHDALe HOMEOWNERS' ASSN.  
BOARD/COMMITTEE MEMBERS REPORT AS OF 03/26/02

*Attachment of Doc # 765972*  
*80074833*

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NAME/ADDRESS TITLE TERM EXPIRATION  
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CLASS: PRESIDENT

MIKE SELF President December 2002  
16227 Rambling Vine Dr. West WORK PHONE: 813-623-1531  
Tampa FL 33624 HOME PHONE: 813-961-3466

CLASS: VICE PRESIDENT

ROBERT LINDQUIST Vice President December 2002  
16225 Rambling Vine Dr. West WORK PHONE:  
Tampa FL 33624 HOME PHONE: 813-264-9183

CLASS: SECRETARY/TREASURER

ELINOR SCOTT Secretary/Treasurer December 2002  
16120 Rambling Vine Dr. West WORK PHONE:  
Tampa FL 33624 HOME PHONE: 813-963-0088

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-- End of report --  
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