

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90345 021 ****70.00

UBR2003

DOCUMENT # 765972

1. Entity Name
VILLAS OF NORTHDALDA HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 16105 N FLORIDA SUITE A LUTZ FL 33549 US	Mailing Address 16105 N FLORIDA SUITE A LUTZ FL 33549 US
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CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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4. FEI Number 59-2302534	Applied For
	Not Applicable

Zip	Country	Zip	Country
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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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
State 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PD	SELF, MIKE	16227 RAMBLING VINE W	TAMPA FL 33624	<input type="checkbox"/>	<input type="checkbox"/>
VPD	LINDQUIST, ROBERT	16225 RAMBLING VINE W	TAMPA FL 33624	<input type="checkbox"/>	<input type="checkbox"/>
STD	SCOTT, ELINOR	16120 RAMBLING VINE W	TAMPA FL 33624	<input checked="" type="checkbox"/>	<input type="checkbox"/>
STD	JOHN ALTMAN	16165 RAMBLING VINE DR E	TAMPA FL 33624	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *John Altman* **JOHN ALTMAN** 4/9/03

CR2E037 (10/02)