

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01452

1. Entity Name

THE WOODS AT ANDERSON PARK CONDOMINIUM ASSOCIATI

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90167 002 ****61.25

Principal Place of Business 2753 S.R. 580. STE 207 CLEARWATER FL 33761 US	Mailing Address 2753 S.R. 580. STE 207 CLEARWATER FL 33761 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2370079	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

REARDON, MAUREEN C
2753 SR 580 SUITE 207
CLEARWATER FL 33761

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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	PD	<input type="checkbox"/> Delete
NAME	MILLER, KATIE	
STREET ADDRESS	39650 US 19 NORTH #331	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BREDEN, PAT	
STREET ADDRESS	39650 US 19 NORTH #312	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	D	<input type="checkbox"/> Delete
NAME	ISAAC, SYLVIA	
STREET ADDRESS	39650 US 19 NORTH #723	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ADELMAN, HERMAN	
STREET ADDRESS	39650 US 19 NORTH #716	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LEVIN, JULIUS	
STREET ADDRESS	39650 US 19 NORTH #584	
CITY-ST-ZIP	TARPON SPRINGS FL 34-689	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILANO, LEONARD	
STREET ADDRESS	39650 US 19 NORTH, #334	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLARK, PAULINE	
STREET ADDRESS	39650 US 19 NORTH #335	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
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 like empowered.

SIGNATURE: *Patticia K. Miller Pres.* 3/24/2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #
PATTICIA K. MILLER PRESIDENT

CR2E037 (9/99)