2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01452

FILED Mar 20, 2002 8:00 AM Secretary of State

Entity Name: THE WOODS AT ANDERSON PARK CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: 2753 SR, 580, STE 207 CLEARWATER, FL 33761 US New Mailing Address: 2763 SR, 580, STE 207 CLEARWATER, FL 33761 US Alfold Mailing Address: 2763 SR, 580, STE 207 CLEARWATER, FL 33761 US PEI Number: 59-2370079 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: REARDON, MAUREEN C 2763 SR, 580, SUTE 207 CLEARWATER, FL 33761 US Name and Address of New Registered Agent: REARDON, MAUREEN C 2763 SR, 580, SUTE 207 CLEARWATER, FL 33761 US Name and Address of New Registered Agent: REARDON, MAUREEN C 2763 SR, F80, SUTE 207 CLEARWATER, FL 33761 US Name and Address of New Registered Agent: REARDON, MAUREEN C 2763 SR, F80, SUTE 207 CLEARWATER, FL 33761 US Name and Address of New Registered Agent: REARDON, MAUREEN C 2763 SR, F80, SUTE 207 CLEARWATER, FL 33761 US Name and Address of New Registered Agent: REARDON, MAUREEN C 2763 SR, F80, SUTE 207 CLEARWATER, FL 34685 US 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: MAUREEN C. REARDON 03/20/2002 Electronic Signature of Registered Agent Date OFFICERS AND DIRECTORS: Title: MULLER, KATIE Name: MILLER, KATIE Name: MILLER, KATIE Name: MILLANO, LEONARD Name: DEMMO, WILLIAM Name: DEMMO, WILLIAM Name: Address: DEMMO, WILLIAM Name: Address: DEMMO, WILLIAM Name: ADELMAN, HERMAN Name: ADELMAN,							
Current Mailing Address: PALM HARBOR, FL 34685 US Current Mailing Address: PALM HARBOR, FL 34685 US New Mailing Address: PALM HARBOR, FL 34685 US REARDON, MAUREEN C A151 WOODLANDS PARKWAY PALM HARBOR, FL 34685 US REARDON, MAUREEN C A151 WOODLANDS PARKWAY PALM HARBOR, FL 34685 US PALM HARBOR, FL 34685 US REARDON, MAUREEN C A151 WOODLANDS PARKWAY PALM HARBOR, FL 34685 US ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS Title: MILLER, KATIE MAUREEN C ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Malano, LEONARD Name: Malano, LEONARD Malane: MILANO, LEONARD Malane: Address: DEMAIO, WILLIAM Name: Address: 30850 US 18 NORTH #338 Address: 30850 US 18 NORTH #368 City-St-Zip: Title: Title:	Current Principal Place of Business:			New Princ	New Principal Place of Business:		
### 2753 S.R. 580, STE 207 CLEARWATER, FL 33761 US ### 24151 WOODLANDS PARKWAY PALM HARBOR, FL 34685 US ### FEI Number: 59-2370079			US				
CLEARWATER, FL 33761 US PALM HARBOR, FL 34685 US FEI Number: 59-2370079 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: REARDON, MAUREEN C 2753 SR 580 SUITE 207 CLEARWATER, FL 33761 US REARDON, MAUREEN C 2753 SR 580 SUITE 207 CLEARWATER, FL 33761 US REARDON, MAUREEN C 2753 SR 580 SUITE 207 CLEARWATER, FL 33761 US REARDON, MAUREEN C 2753 SR 580 SUITE 207 CLEARWATER, FL 33761 US REARDON, MAUREEN C 2753 SR 580 SUITE 207 CLEARWATER, FL 33761 US REARDON, MAUREEN C 2753 SR 580 SUITE 207 CLEARWATER, FL 33761 US REARDON, MAUREEN C 2753 SR 580 SUITE 207 CLEARWATER, FL 33761 US REARDON, MAUREEN C 2754 SR 580 SUITE 207 CLEARWATER, FL 33685 US 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: MAUREEN C. REARDON 03/20/2002 Electronic Signature of Registered Agent OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS Title: () Change () Addition Name: () Change	Current Mailing Address:			New Maili	New Mailing Address:		
Name and Address of Current Registered Agent: REARDON, MAUREEN C 2753 9R 580 SUITE 207 CLEARWATER, FL 33761 US 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: MAUREEN C. REARDON Electronic Signature of Registered Agent OFFICERS AND DIRECTORS: OFFICERS AND DIRECTORS: Title: PD () Delete Name: MILLER, KATIE Name: MILLER, KATIE Name: MILLER, KATIE Name: MILLER, KATIE Name: MILLARO, LEONARD Name: Name: NILLARO, LEONARD Name: Name: NILLARO, SPRINGS, FL 34689 City-St-Zip: Title: D () Delete Title: D () Delete Title: D () Delete Title: D () Delete Title: Title: D () Delete Title: D () Delete Title: Title: Title: D () Delete Title: Tit			US				
REARDON, MAUREEN C 2753 SR 580 SUITE 207 CLEARWATER, FL 33761 US 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: MAUREEN C. REARDON 03/20/2002 Electronic Signature of Registered Agent Date OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS Title: PD () Delete Name: MILLER, KATIE Name: Address: 39650 US 19 NORTH #331 City-St-Zip: TARPON SPRINGS, FL 34689 Title: TD () Delete Title: TD () Delete Title: TD () Change () Addition Name: APPLEWHITE, CHES Address: 39650 US 19 NORTH #361 City-St-Zip: TARPON SPRINGS, FL 34689 Title: SD () Delete Title: () Change () Addition Name: APPLEWHITE, CHES Address: 39650 US 19 NORTH #361 City-St-Zip: TARPON SPRINGS, FL 34689 Title: SD () Delete Title: () Change () Addition Name: APPLEWHITE, CHES Address: 39650 US 19 NORTH #365	FEI Number:	59-2370079 FE	I Number Applied For() FEI Nu	umber Not App	licable () Certificate of Status Desired ()		
A	Name and	Address of Curre	ent Registered Agent:	Name and	Name and Address of New Registered Agent:		
MAUREEN C. REARDON	2753 SR 58	30 SUITE 207	US	4151 WOO	DDLANDS PARKWAY		
Electronic Signature of Registered Agent			nits this statement for the purpose	of changing i	its registered office or registered agent, or both,		
ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	SIGNATUR	RE: MAUREEN C.	REARDON		03/20/2002		
Title: PD () Delete Title: () Change () Addition Name: MILLER, KATIE Name: Address: 39650 US 19 NORTH #331 Address: City-St-Zip: TARPON SPRINGS, FL 34689 City-St-Zip: TARPON SPRINGS, F		Electronic Si	gnature of Registered Agent		Date		
Name: MILER, KATIE	OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Name: MILANO, LEÓNARD Name: Address: 39650 US 19 NORTH, #334 Address: City-St-Zip: TARPON SPRINGS, FL 34689 City-St-Zip: Title: D () Delete Title: () Change () Addition Name: DEMAIO, WILLIAM Name: Address: City-St-Zip: Address: 39650 US 19 NORTH #736 Address: City-St-Zip: Title: TD () Delete Title: TD (X) Change () Addition Name: ADELMAN, HERMAN Name: APPLEWHITE, CHES Address: 39650 US 19 NORTH #716 Address: 39650 US 19 NORTH #561 City-St-Zip: TARPON SPRINGS, FL 34689 City-St-Zip: TARPON SPRINGS, FL 34689 Title: SD () Delete Title: () Change () Addition Name: CLARK, PAULINE Name: Address: 39650 US 19 NORTH #335 Address:	Name: Address:	MILLER, KATIÉ 39650 US 19 NORTH	I#331	Name: Address:	() Change () Addition		
Name: DEMAIO, WILLIAM Name: Address: 39650 US 19 NORTH #736 Address: City-St-Zip: TARPON SPRINGS, FL 34689 City-St-Zip: Title: TD () Delete Title: TD (X) Change () Addition Name: ADELMAN, HERMAN Name: APPLEWHITE, CHES Address: 39650 US 19 NORTH #716 Address: 39650 US 19 NORTH #561 City-St-Zip: TARPON SPRINGS, FL 34689 City-St-Zip: TARPON SPRINGS, FL 34689 Title: SD () Delete Title: () Change () Addition Name: CLARK, PAULINE Name: Address: 39650 US 19 NORTH #335 Address:	Name: Address:	MILANO, LEÓNARD 39650 US 19 NORTH	I, #334	Name: Address:	() Change () Addition		
Name: ADELMAN, HERMAN Name: APPLEWHITE, CHES Address: 39650 US 19 NORTH #716 Address: 39650 US 19 NORTH #561 City-St-Zip: TARPON SPRINGS, FL 34689 City-St-Zip: TARPON SPRINGS, FL 34689 Title: SD () Delete Title: () Change () Addition Name: CLARK, PAULINE Name: Address: 39650 US 19 NORTH #335 Address:	Name: Address:	DEMAIO, WILLIAM 39650 US 19 NORTH	l #736	Name: Address:	() Change () Addition		
Name: CLARK, PAULINE Name: Address: 39650 US 19 NORTH #335 Address:	Name: Address:	ADELMAN, HERMAN 39650 US 19 NORTH	i #716	Name: Address:	APPLEWHITE, CHES 39650 US 19 NORTH #561		
	Name: Address:	CLARK, PAULINE 39650 US 19 NORTH	1#335	Name: Address:	() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATIE MILLER PD 03/20/2002