

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2000 8:00 am**  
**Secretary of State**

03-27-2000 90084 023 \*\*\*\*61.25

**DOCUMENT # N07471**

1. Entity Name

**WOOD DALE HOMEOWNERS CORPORATION**

Principal Place of Business

Mailing Address

C/O JEANE WYTHE  
 37939 CAPE COD DRIVE  
 ZEPHYRHILLS FL 33541  
 US

C/O JEANE WYTHE  
 37939 CAPE COD DRIVE  
 ZEPHYRHILLS FL 33541-2558  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2988465**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WYTHE, JEANE**  
**37939 CAPE COD DRIVE**  
**ZEPHYRHILLS FL 33541**

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

*Jeane Wythe*

*3-22-00*

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MOTE, OWEN C.</b>	
STREET ADDRESS	<b>37832 BENTLY DR.</b>	
CITY-ST-ZIP	<b>ZEPHYRHILLS FL</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>HOFFMAN, BOB</b>	
STREET ADDRESS	<b>87917 BENTLEY DRIVE</b>	
CITY-ST-ZIP	<b>ZEPHYRHILLS FL</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>WYTHE, JEANE</b>	
STREET ADDRESS	<b>37939 CAPE COD DRIVE</b>	
CITY-ST-ZIP	<b>ZEPHYRHILLS FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SKINNER, DON</b>	
STREET ADDRESS	<b>37936 BENTLEY DRIVE</b>	
CITY-ST-ZIP	<b>ZEPHYRHILLS FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BARNES, HERBERT</b>	
STREET ADDRESS	<b>37930 BENTLEY DRIVE</b>	
CITY-ST-ZIP	<b>ZEPHYRHILLS FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>DAWSON, LOIS</b>	
STREET ADDRESS	<b>6633 NEW ENGLAND DR</b>	
CITY-ST-ZIP	<b>ZEPHYRHILLS FL</b>	

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>TERRY HAMPTON</b>	
STREET ADDRESS	<b>37806 BOSTON AV</b>	
CITY-ST-ZIP	<b>ZEPHYRHILLS FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Gloria WARE</b>	
STREET ADDRESS	<b>37940 BENTLEY DR</b>	
CITY-ST-ZIP	<b>ZEPHYRHILLS FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAWSON Lois</b>	
STREET ADDRESS	<b>6633 New England Dr</b>	
CITY-ST-ZIP	<b>Zephyrhills FL</b>	

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:** *Jeane Wythe* **REQUIRE JEANE WYTHE ST 3-22-00 813-789-6094**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)