

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90167 003 ****61.25

0066873

DOCUMENT # N07471

1. Entity Name
WOOD DALE HOMEOWNERS CORPORATION

Principal Place of Business C/O JEANE WYTHE 37939 CAPE COD DRIVE ZEPHYRHILLS FL 33541 US	Mailing Address C/O JEANE WYTHE 37939 CAPE COD DRIVE ZEPHYRHILLS FL 33541 US
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733448



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business C/O BETTY WOOD	3. Mailing Address C/O BETTY WOOD
Suite, Apt. #, etc. 37802 BOSTON AVENUE	Suite, Apt. #, etc. 37802 BOSTON AVENUE
City & State ZEPHYRHILLS, FL	City & State ZEPHYRHILLS, FL
Zip 33541	Country USA

4. FEI Number 59-2988465	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

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

7. Name and Address of New Registered Agent

Name
BETTY WOOD

Street Address (P.O. Box Number is Not Acceptable)
37802 BOSTON AVENUE

City
ZEPHYRHILLS, FL

FL Zip Code
33541

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 *BETTY F. WOOD* *Betty F. Wood* *3/20/01*
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. <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 NAME STREET ADDRESS CITY-ST-ZIP	D MOTE, OWEN C. 37832 BENTLEY DR. ZEPHYRHILLS FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOFFMAN, BOB 87917 BENTLEY DRIVE ZEPHYRHILLS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WYTHE, JEANE 37939 CAPE COD DRIVE ZEPHYRHILLS FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HAMPTON, JERRY 37806 BOSTON AV ZEPHYRHILLS FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARE, GLORIA 37940 BENTLEY DR ZEPHYRHILLS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAWSON, LOIS 6633 NEW ENDLAND DR ZEPHYRHILLS FL	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Betty Wood 37802 Boston Ave. Zephyrhills, fl.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Rose Connish 37821 Boston Ave. Zephyrhills, FL.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D August Annett 37827 Bentley Ave. Zephyrhills, FL.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D John Denison 37812 Cape Cod Dr. Zephyrhills, FL.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Lois Dawson 6633 New Endland Dr. Zephyrhills, FL.	<input checked="" 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: *Rose Connish* *Rose Connish* *3/20/01* *813-780-1865*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)