

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 04, 2002 8:00 am**  
**Secretary of State**

03-04-2002 90008 014 \*\*\*\*61.25

**DOCUMENT # N07471**

1. Entity Name

**WOOD DALE HOMEOWNERS CORPORATION**

Principal Place of Business

Mailing Address

C/O BETTY WOOD  
 37802 BOSTON AVENUE  
 ZEPHYRHILLS FL 33541  
 US

C/O BETTY WOOD  
 37802 BOSTON AVENUE  
 ZEPHYRHILLS FL 33541  
 US

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

**59-2988465**

Applied For

Not Applicable

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

**WOOD, BETTY**  
**37802 BOSTON AVENUE**  
**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 Betty Wood  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/18/02

**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 **D**  Delete  
 NAME **WOOD, BETTY**  
 STREET ADDRESS **3780 BOSTON AVENUE**  
 CITY-ST-ZIP **ZEPHYRHILLS FL 33541**

TITLE **D**  Change  Addition  
 NAME **AUGUST ARNETT**  
 STREET ADDRESS **37827 BENTLEY AVE**  
 CITY-ST-ZIP **ZEPHYRHILLS, FL 33541**

TITLE **P**  Delete  
 NAME **HOFFMAN, BOB**  
 STREET ADDRESS **87917 BENTLEY DRIVE**  
 CITY-ST-ZIP **ZEPHYRHILLS FL**

TITLE **D**  Change  Addition  
 NAME **JEANE WYTHE**  
 STREET ADDRESS **37939 CAPE COD DRIVE**  
 CITY-ST-ZIP **ZEPHYRHILLS, FL 33541**

TITLE **ST**  Delete  
 NAME **CORNISH, ROSE**  
 STREET ADDRESS **37821 BOSTON AVENUE**  
 CITY-ST-ZIP **ZEPHYRHILLS FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **DENISON, JOHN**  
 STREET ADDRESS **37812 CAPE COD DRIVE**  
 CITY-ST-ZIP **ZEPHYRHILLS FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **WARE, GLORIA**  
 STREET ADDRESS **37940 BENTLEY DR**  
 CITY-ST-ZIP **ZEPHYRHILLS FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **V**  Delete  
 NAME **DAWSON, LOIS**  
 STREET ADDRESS **6633 NEW ENGLAND DR**  
 CITY-ST-ZIP **ZEPHYRHILLS FL**

TITLE  Change  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: ROSEN CORNISH REQUIRSED Cornish 2/18/02 913-780-1865  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2037 (9/01)