

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 23, 2000 8:00 am
Secretary of State

03-23-2000 90004 009 ****61.25

DOCUMENT # N95000004574

1. Entity Name

THE PINES AT WILDCAT RUN HOMEOWNERS ASSOCIATION,

Principal Place of Business

Mailing Address

20637 WILDCAT RUN DR
 ESTERO FL 33928

P.O. BOX 844
 ESTERO FL 33928-0844

2. Principal Place of Business

3. Mailing Address

**20637 Wildeat
 Run Drive**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Estero, FL

4. FEI Number

65-0671882

Applied For

Not Applicable

Zip

Country

Zip

Country

33928

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAUDLE, VERNA R CAM
 906 SE 1ST PL
 CAPE CORAL FL 33990

Name **Michael Baroli**

Street Address (P.O. Box Number is Not Acceptable)
**20637 Wildeat Run Drive
 Estero FL 33928**

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

Michael Baroli

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3-6-00

**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 | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|-----------------|----------------------|-----------------|---------------------------------|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
| VPD | BAROLI, MICHAEL | 20637 WILDCAT RUN DR | ESTERO FL 33928 | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| PD | IVERSON, THOMAS | 20599 WILDCAT RUN DR | ESTERO FL 33928 | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| D | WIKEL, DEAN | 20631 WILDCAT RUN DR | ESTERO FL 33928 | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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:

Michael Baroli

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

3-6-00

941-991-495-9665

CR2E037 (9/99)