

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90062 047 ****61.25

DOCUMENT # 754457

1. Entity Name

WILDWOOD OF DEER CREEK PROPERTY OWNERS ASSOCIATI

Principal Place of Business

Mailing Address

1852 WILDWOOD LN EAST
 DEERFIELD BEACH FL 33442

1852 WILDWOOD LN EAST
 DEERFIELD BEACH FL 33442-1439

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2055745

Applied For

Not Applied For

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

GAGLIANO, KAREN A
1300 N. FEDERAL HWY., STE. 110
BOCA RATON FL 33432

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

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	PTD	<input type="checkbox"/> Delete
NAME	STEIN, HAROLD M	
STREET ADDRESS	526 WILDWOOD LN E	
CITY-ST-ZIP	DEERFIELD BCH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	RUPPE, BECKI	
STREET ADDRESS	347 WILDWOOD CR	
CITY-ST-ZIP	DEERFIELD BCH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	THATCHER, LINDA	
STREET ADDRESS	364 WILDWOOD LN E.	
CITY-ST-ZIP	DEERFIELD BCH FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	RUBIN, SOPHIE	
STREET ADDRESS	387 WILDWOOD LANE E	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<i>Act White</i>	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	<i>1852 Wildwood Ln E</i>	
STREET ADDRESS	<i>Deerfield Beach FL 33442</i>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<i>Julie D. Fernandez</i>	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	<i>1852 Wildwood Ln E</i>	
STREET ADDRESS	<i>Deerfield Beach FL 33442</i>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/18/00 429 1340