

DOCUMENT # 754457

1. Entity Name  
WILDWOOD OF DEER CREEK PROPERTY OWNERS ASSOCIATI

FILED  
Jan 12, 2001 8:00 am  
Secretary of State

01-12-2001 90021 021 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
1852 WILDWOOD LN EAST DEERFIELD BEACH FL 33442		1852 WILDWOOD LN EAST DEERFIELD BEACH FL 33442	
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	59-2055745	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

GAGLIANO, KAREN A ESQ  
185 NW SPANISH RIVER BLD., STE 290  
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
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	WHITE, PAT
STREET ADDRESS	347 WILDWOOD CR
CITY-ST-ZIP	DEERFIELD BCH FL 33842
TITLE	D <input type="checkbox"/> Delete
NAME	THATCHER, LINDA
STREET ADDRESS	364 WILDWOOD LN E
CITY-ST-ZIP	DEERFIELD BCH FL
TITLE	S <input checked="" type="checkbox"/> Delete
NAME	RUBIN, SOPHIE
STREET ADDRESS	387 WILDWOOD LANE E
CITY-ST-ZIP	DEERFIELD BEACH FL
TITLE	<input type="checkbox"/> Delete
NAME	<i>Patricia A. Stein</i>
STREET ADDRESS	<i>506 Wildwood Ln E</i>
CITY-ST-ZIP	<i>Deerfield Beach FL 33442</i>
TITLE	<input type="checkbox"/> Delete
NAME	<i>Donna L. Ruben</i>
STREET ADDRESS	<i>506 Wildwood Ln E</i>
CITY-ST-ZIP	<i>Deerfield Beach FL 33442</i>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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	<input type="checkbox"/> Change <input type="checkbox"/> 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 of 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 empowerers.

SIGNATURE: *[Signature]* DATE: *01/12/01* DAYTIME PHONE #: *954-91344*

CR2E037 (10/00)