

2002 UNIFORM BUSINESS REPORT (UBR)

1/10

FILED
Mar 10, 2002 8:00 am
Secretary of State

01-16-2002 90067 010 ****61.25

DOCUMENT # 754457

1. Entity Name

WILDWOOD OF DEER CREEK PROPERTY OWNERS ASSOCIATION, INC.

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

4. FEI Number

59-2055745

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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: Delete
 NAME: **PTD. STEIN, HAROLD M.**
 STREET ADDRESS: **526 WILDWOOD LN E**
 CITY-ST-ZIP: **DEERFIELD BCH FL**

TITLE: Change Addition
 NAME: *Sophia K. B. J.*
 STREET ADDRESS: *385 Wildwood Ave*
 CITY-ST-ZIP: *Deerfield Beach FL 33442*

TITLE: Delete
 NAME: **D. WHITE, PAT.**
 STREET ADDRESS: **347 WILDWOOD CR**
 CITY-ST-ZIP: **DEERFIELD BCH FL 33842**

TITLE: Change Addition
 NAME: *L/S*
 STREET ADDRESS: *1005 W. J. P...*
 CITY-ST-ZIP: *Deerfield Beach FL 33442*

TITLE: Delete
 NAME: **D. THATCHER, LINDA**
 STREET ADDRESS: **384 WILDWOOD LN E**
 CITY-ST-ZIP: **DEERFIELD BCH FL**

TITLE: Change Addition
 NAME: *W. J. P...*
 STREET ADDRESS: *1005 W. J. P...*
 CITY-ST-ZIP: *Deerfield Beach FL 33442*

TITLE: Delete
 NAME: **D. FERNANDO, JODID**
 STREET ADDRESS: **365 WILDWOOD LN E**
 CITY-ST-ZIP: **DEERFIELD BEACH FL 33442**

TITLE: Change Addition
 NAME: *W. J. P...*
 STREET ADDRESS: *1005 W. J. P...*
 CITY-ST-ZIP: *Deerfield Beach FL 33442*

TITLE: Delete
 NAME: **D. LOAPADES, DORIS**
 STREET ADDRESS: **500 WILDWOOD LN E**
 CITY-ST-ZIP: **DEERFIELD BEACH FL 33442**

TITLE: Change Addition
 NAME: *W. J. P...*
 STREET ADDRESS: *1005 W. J. P...*
 CITY-ST-ZIP: *Deerfield Beach FL 33442*

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *1/21/02*
 Daytime Phone #: *408 7880*

CR2037 (9/01)