

5/10

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 11, 2002 8:00 am**  
**Secretary of State**

05-10-2002 90023 034 \*\*\*158.75

**DOCUMENT # M67255**

1. Entity Name

CLUB WILDWOOD HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

7622 ANDREWS ST  
 HUDSON FL 34667  
 US

Mailing Address

7622 ANDREWS ST  
 HUDSON FL 34667  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

00-3613530

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

HULTBERG, KERMIT J

7622 ANDREWS ST  
 HUDSON FL 34667

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

9. This corporation is eligible to satisfy its intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP-D	<input type="checkbox"/> Delete
NAME	HULTBERG, KERMIT	
STREET ADDRESS	7622 ANDREWS ST	
CITY-ST-ZIP	HUDSON FL 34667	
TITLE	P-D	<input type="checkbox"/> Delete
NAME	KACZYNSKI, FRANK	
STREET ADDRESS	14302 LOGAN ST	
CITY-ST-ZIP	HUDSON FL 34667	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SHOLMIER, ELLYN	
STREET ADDRESS	7834 HOMER AV	
CITY-ST-ZIP	HUDSON FL 34667	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	HULTBERG, KERMIT	
STREET ADDRESS	7622 ANDREWS ST	
CITY-ST-ZIP	HUDSON FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BRAUN, LOU	
STREET ADDRESS	7825 MEDUSA DR	
CITY-ST-ZIP	HUDSON FL 34667	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HOPPERS, RAY	
STREET ADDRESS	19303 SUNDIAL ST	
CITY-ST-ZIP	HUDSON FL 34667	

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	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STANET, HULTBERG	
STREET ADDRESS	7622 ANDREWS ST	
CITY-ST-ZIP	HUDSON, FL 34667	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EDWARD H. PEDLOW	
STREET ADDRESS	7912 MEDUSA	
CITY-ST-ZIP	HUDSON, FL 34667	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT JONES	
STREET ADDRESS	14144 MAYFAIR	
CITY-ST-ZIP	HUDSON, FL 34667	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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

Telephone #

CR2E034 (9/01)