FILED
Apr 24, 2003 8:00 am
Secretary of State
04-09-2003 90197 015 ****70.00
04-24-2003 90212 027 ****80.00

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

4/9/

DOCUMENT # M67255
1. Entity Name
CLUB WILDWOOD HOMEOWNERS ASSOCIATION INC.

2003 ~~FOR-PROFIT~~ CORPORATION UNIFORM BUSINESS REPORT (UBR)

90104123

DOCUMENT # M67255
1. Entity Name
CLUB WILDWOOD HOMEOWNERS ASSOCIATION, INC.
OLD DOCUMENT NUMBER - USE?

DO NOT WRITE IN THIS SPACE

HUDSON, FL		HUDSON, FL	
Zip 34667	County PASCO	Zip 34667	County PASCO

4. FEI Number 00-3613530 — Applied For / Not Applicable

5. Certificate of Status Desired X — $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name THOMAS SHULMILER
Street Address (P.O. Box Number is Not Acceptable) 7710 HOMER AVE
City HUDSON FL Zip Code 34667

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE THOMAS SHULMILER Thomas W Shulmiler 4-6-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR.

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P THOMAS SHULMILER 7710 HOMER AVE HUDSON FL 34667	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP HERMIT HALTBERG 7622 ANDREWS ST. HUDSON FL 34667	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY PHYLIS ANDERSON 7708 PAULS LN HUDSON FL 34667	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DO NOT WRITE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREAS. MURIEL COCHRANE 14322 ULYSSES DR HUDSON, FL. 34667	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	IN THIS SPACE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIR EDNA TAYLOR 7533 ANDREWS ST. HUDSON, FL 34667	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS SHULMILER Thomas W Shulmiler 4-6-03 727-868-4266
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #