## 2002 UNIFORM BUSINESS REPORT (UBR) FILED May 13, 2002 8:00 am Secretary of State DOCUMENT # N01000001392 1. Entity Name WISTERIA POINTE SECTION I CONDOMINIUM ASSOCIATIO 05-13-2002 90125 004 \*\*\*\*61.25 Principal Place of Business Mailing Address C/O PULTE HOME CORPORATION C/O PULTE HOME CORPORATION 9220 BONITA BEACH ROAD, SUITE 215 9220 BONITA BEACH ROAD. SUITE 215 **BONITA SPRINGS FL 34135** BONITA SPRINGS FL 34135 2. Principal Place of Business Integrako DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 59-372 9176 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Missil License --WOLPERT, GREG G C/O PULTE HOME CORPORATION 9220 BONITA BEACH ROAD, SUITE 215 **BONITA SPRINGS FL 34135** 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. 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE (9/01) **₽**Delete TITLE ☐ Change **Addition** NĂME / C WOLPERT, GREG G NAME Greenwood, Alfred STREET ADDRESS 9220 BONITA BEACH RD., SUITE 215 STREET ADDRESS 23520 Wisteria Pointe Dr. #301 CITY-ST-ZIP CITY-ST-ZIP **BONITA SPRINGS FL 34135** Bonita Springs, FL Delete TITLE **∠**Addition ☐ Change NAME GRIFFITH, R. SCOTT NAME Lantzy, Earl 23530 Wisteria Pointe Dr. オ404 STREET ADDRESS 9220 BONITA BEACH RD., SUITE 215 STREET ADDRESS CITY-ST-ZIP **BONITA SPRINGS FL 34135** CITY-ST-7IP Bonita Springs, FL STD ----JITLE . Delete TITLE \*\*\* → Change Addition<sup>2</sup> MEEKS, W. MICHAEL NAME NAME Noice, R. Dennis STREET ADDRESS 23560 Wisteria Pointe Dr. 排5の1 9220 BONITA BEACH RD., SUITE 215 STREET ADDRESS CITY-ST-7IP **BONITA SPRINGS FL 34135** CITY-ST-ZIP Bonita Springs, FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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