

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # NO1000001417

1. Entity Name

WISTERIA POINTE RECREATION ASSOCIATION, INC.

FILED

May 13, 2002 8:00 am
Secretary of State

05-13-2002 90125 005 ****61.25

Principal Place of Business

Mailing Address

C/O PULTE HOME CORPORATION
9220 BONITA BEACH ROAD SUITE 215
BONITA SPRINGS FL 34135

C/O PULTE HOME CORPORATION
9220 BONITA BEACH ROAD SUITE 215
BONITA SPRINGS FL 34135

2. Principal Place of Business

3. Mailing Address

1/6 Integrated Property Mgmt.
Suite, Apt. #, etc.

1/6 Integrated Property Mgmt.
Suite, Apt. #, etc.

3435-10th Street N., #201
City & State

3435-10th Street N., #201
City & State

Naples, FL
Zip

Naples, FL
Zip

34103
Country

34103
Country



DO NOT WRITE IN THIS SPACE

4. FEI Number *65-1153913*

Applied For
Not Applicable

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

WOLPERT, GREG G
C/O PULTE HOME CORPORATION
9220 BONITA BEACH ROAD SUITE 215
BONITA SPRINGS FL 34135

Name *Scott Hennells*
Street Address (P.O. Box Number is Not Acceptable) *Weibel & Hennells*
9240 Bonita Beach Rd, #3305
City *Bonita Springs* FL Zip Code *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.

SIGNATURE *Scott D. Hennells*
Signature, typed or printed name of registered agent and title if applicable.

Scott D. Hennells
(NOTE: Registered Agent signature required when reinstating)

4/25/02
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 *PD* ☒ Delete
NAME *WOLPERT, GREG G*
STREET ADDRESS *9220 BONITA BEACH ROAD, SUITE 215*
CITY-ST-ZIP *BONITA SPRINGS FL 34135*

TITLE *D* ☒ Change ☒ Addition
NAME *Greenwood, Alfred*
STREET ADDRESS *23520 Wisteria Pointe Dr*
CITY-ST-ZIP *Bonita Springs, FL*

TITLE *VPD* ☒ Delete
NAME *GRIFFITH, R. SCOTT*
STREET ADDRESS *9220 BONITA BEACH ROAD, SUITE 215*
CITY-ST-ZIP *BONITA SPRINGS FL 34135*

TITLE *D* ☐ Change ☒ Addition
NAME *Lantzy, Earl*
STREET ADDRESS *23530 Wisteria Pointe Dr.*
CITY-ST-ZIP *Bonita Springs, FL*

TITLE *STD* ☒ Delete
NAME *MEEKS, W. MICHAEL*
STREET ADDRESS *9220 BONITA BEACH ROAD, SUITE 215*
CITY-ST-ZIP *BONITA SPRINGS FL 34135*

TITLE *D* ☐ Change ☒ Addition
NAME *Murphy, Holly*
STREET ADDRESS *23570 Wisteria Pointe Dr*
CITY-ST-ZIP *Bonita Springs, FL*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 information.

SIGNATURE: *Earl Lantzy*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-02
Date

239-434-7447
Daytime Phone #

CR2E037 (9/01)