2002 UNIFORM BUSINESS REPORT (UBR) FILED May 15, 2002 8:00 am Secretary of State DOCUMENT # N0100004798 1. Entity Name WISTERIA POINTE SECTION II CONDOMINIUM ASSOCIATI -15-2002 90010 032 ****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 3. Mailing Address Integrated Integrated DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 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 WOLPERT, GREG G es acquain 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 SIGNATURE 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 🔼 Delete TITLE ☐ Change **Addition** D Wolpert, Greg G 🗀 NAME NAME Feldman, Jan STREET ADDRESS 9220 BONITA BEACH ROAD SITE 215 STREET ADDRESS 23590 Wisteria Pointe Dr. CITY-ST-ZIP **BONITA SPRINGS FL 34135** CITY-ST-ZIP <u>Bonita Springs, FL</u> DST TITLE Delete TITLE ☐ Change Addition MEEKS, W. MICHAEL NAME NAME Murphy, Holly STREET ADDRESS 9220 BONITA BEACH ROAD SITE 215 STREET ADDRESS 23570 Wisteria Pointe Dr. CITY-ST-ZIP **BONITA SPRINGS FL 34135** CITY-ST-ZIP Bonita Springs, FL TITLE Delete TITLE D Change Addition GRIFFITH, R. SCOTT NAME NAME Shaneour, Dwight **STREET ADDRESS** 9220 BONITA BEACH ROAD SITE 215 STREET ADDRESS 23570 Wisteria Pointe Dr. CITY-ST-ZIP **BONITA SPRINGS FL 34135** CITY-ST-ZIP Bonita Springs, FL TITLE ☐ Delete TITLE ☐ Change Addition . Name NAME **STREET ADDRESS** STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP 11.5 STE -TITLE Delete TITLE Change ☐ Addition NAME 1 6 6 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP · Etak ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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:

ASSOCIATION OF PRINTED NAME OF SONING OFFICER OR DIRECTOR

4/20/02

239-434-7447