

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N18426**

1. Entity Name

SELVA NORTE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**2051 DUNA VISTA CT.
ATLANTIC BEACH, FL
32233**

**2051 DUNA VISTA CT.
ATLANTIC BEACH, FL
32233**

2. Principal Place of Business

3. Mailing Address

**2051 DUNA VISTA CT.
Suite, Apt. #, etc.**

**2051 DUNA VISTA CT.
Suite, Apt. #, etc.**

City & State

ATLANTIC BEACH, FLORIDA

City & State

ATLANTIC BEACH, FLORIDA

4. FEI Number

59-2749662

Applied For

Not Applicable

Zip

32233

Country

USA

Zip

32233

Country

USA

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

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

EDWARD F. JARDINE, JR.

04/03/00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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	PRESIDENT	<input type="checkbox"/> Delete
NAME	WILLIAM WILDEROTTER	
STREET ADDRESS	2069 VELA NORTE CIR.	
CITY-ST-ZIP	ATLANTIC BCH FL 32233	
TITLE	VICE PRES.	<input type="checkbox"/> Delete
NAME	MARSHA CULP-COBB	
STREET ADDRESS	2009 VELA NORTE CIR.	
CITY-ST-ZIP	AT. BCH. FL 32233	
TITLE	SEC.	<input type="checkbox"/> Delete
NAME	KATHLEEN KANE	
STREET ADDRESS	1969 BRISTA DE MAR CIR.	
CITY-ST-ZIP	AT. BCH. FL 32233	
TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	KAREN KURTZKE	
STREET ADDRESS	2043 DUNA VISTA CT.	
CITY-ST-ZIP	AT. BCH. FL 32233	
TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	JUDY SHELKIN	
STREET ADDRESS	1985 BRISTA DE MAR CIR.	
CITY-ST-ZIP	AT. BCH. FL 32233	
TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	FRANK HOUSER	
STREET ADDRESS	1975 BRISTA DE MAR CIR.	
CITY-ST-ZIP	AT. BCH FL 32233	

TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES KOLSTER	
STREET ADDRESS	1971 MIPULA CT	
CITY-ST-ZIP	AT. BCH FL 32233	
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		<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		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**WILLIAM WILDEROTTER
(PRESIDENT)**

3/25/00 904-246-2800

Date

Daytime Phone #

CR2E037 (9/99)

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90050 015 ****61.25

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DO NOT WRITE IN THIS SPACE