

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90068 044 ****70.00

DOCUMENT # N25711

1. Entity Name

HOME OWNERS ASSOCIATION OF WILD ACRES SOCIAL CLU

Principal Place of Business

827 HURON STREET
WILDWOOD FL 34785

Mailing Address

C/O WANDA HALL
311 BRUCE AVE
WILDWOOD FL 34785
US

C0022757



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Club House

3. Mailing Address

311 Bruce Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Wildwood Fla

City & State

Wildwood Fla

4. FEI Number

59-2950005

Applied For

Not Applicable

Zip

Country

Zip

Country

34785

Sumter

Zip

Sumter

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HALL, WANDA
311 BRUCE AVE
WILDWOOD FL 34785

7. Name and Address of New Registered Agent

Name

Wanda Hall

Street Address (P.O. Box Number is Not Acceptable)

311 Bruce Ave

Wildwood Fla

City

FL

Zip Code

34785

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 Wanda Hall

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

Wanda Hall

(NOTE: Registered Agent signature required when reinstating)

2-5-01

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

TITLE	T	<input type="checkbox"/> Delete
NAME	ROSENGRANT, CELIA	
STREET ADDRESS	415 BRUCE AVE	
CITY-ST-ZIP	WILDWOOD FL 34785	
TITLE	S	<input type="checkbox"/> Delete
NAME	FINISTER, WANETA	
STREET ADDRESS	804 MICHIGAN STREET	
CITY-ST-ZIP	WILDWOOD FL 34785	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GARROW, RUSSELL	
STREET ADDRESS	411 SHAWN AVE	
CITY-ST-ZIP	WILDWOOD FL 34785	
TITLE	D	<input type="checkbox"/> Delete
NAME	KLEIN, NICK	
STREET ADDRESS	814 HURON STREET	
CITY-ST-ZIP	WILDWOOD FL 34785	
TITLE	D	<input type="checkbox"/> Delete
NAME	GARDNER, HAZEL	
STREET ADDRESS	822 HURON ST	
CITY-ST-ZIP	WILDWOOD FL 34785	
TITLE	P	<input type="checkbox"/> Delete
NAME	HALL, WANDA	
STREET ADDRESS	311 BRUCE AVE	
CITY-ST-ZIP	WILDWOOD FL 34785	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wanda Hall	
STREET ADDRESS	311 Bruce Ave.	
CITY-ST-ZIP	Wildwood Fla. 34785	
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 empowered.

SIGNATURE:

Wanda Hall

Date

Daytime Phone #

CR2E037 (10/00)