

**DOCUMENT # N35818**

1. Entity Name

**WANDER RESIDENCES OF TIERRA VERDE CONDOMINIUM AS**

Principal Place of Business

Mailing Address

5901 SUN BLVD  
203  
ST. PETERSBURG FL 33715  
US5901 SUN BOULEVARD  
SUITE 203  
ST. PETERSBURG FL 33715-1161  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

59-3023695

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

NEWTON, WILLIAM  
5901 SW BOULEVARD #203  
5999 CENTRAL AVE SUITE 104  
ST. PETERSBURG FL 33715

Name

William, Newton

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

5901 Sun Blvd. #203

City

St. Petersburg

FL

Zip Code  
33715

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

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

(NOTE: Registered Agent signature required when reinstating)

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 | NAME                       | STREET ADDRESS     | CITY-ST-ZIP               |                                            | TITLE | NAME                       | STREET ADDRESS      | CITY-ST-ZIP              |                                                                              |
|-------|----------------------------|--------------------|---------------------------|--------------------------------------------|-------|----------------------------|---------------------|--------------------------|------------------------------------------------------------------------------|
| PD    | TIMMESFELD, DR. KARL-HEINZ | 5901 SUN BLVD #203 | ST. PETERSBURG FL         | <input type="checkbox"/> Delete            | S/T   | Timmesfeld, Dr. Karl-Heinz | 5901 Sun Blvd. #203 | St. Petersburg, FL 33715 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| VD    | DEBUS, DIETER              | 5901 SUN BLVD 203  | SAINT PETERSBURG FL 33715 | <input checked="" type="checkbox"/> Delete | P     | Henrich, Manfred           | 5901 Sun Blvd. #203 | St. Petersburg, FL 33715 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| ST    | DETMERS, FRITZ             | 5901 SUN BLVD #203 | SAINT PETERSBURG FL 33715 | <input checked="" type="checkbox"/> Delete | VP    | Schaefer, Ullrich          | 5901 Sun Blvd. #203 | St. Petersburg, FL 33715 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
|       |                            |                    |                           | <input type="checkbox"/> Delete            |       |                            |                     |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|       |                            |                    |                           | <input type="checkbox"/> Delete            |       |                            |                     |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|       |                            |                    |                           | <input type="checkbox"/> Delete            |       |                            |                     |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Apr 19, 2000 8:00 am**  
**Secretary of State**

04-19-2000 90030 046 \*\*\*\*61.25

4/2/2000