2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N39069

1. Entity Name

WOODRIDGE ESTATES NORTH SIXTY HOMEOWNERS ASSOCIA

FILED
Jan 19, 2000 8:00 am
Secretary of State
01-19-2000 90002 007 ****61.25

Principal Place of Business	Mailing Address
C/O THOMAS A RIMOS II 7215 SKYVIEW AVE NEW PORT RICHEY FL 34653	P.O. BOX 1780 NEWPORT RICHEY FL 34656-1780

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3050365 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RIMOS, THOMAS A II
7215 SKYVIEW AVE
NEW PORT RICHEY FL 34653

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 X

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	PD RIMOS, THOMAS A II 7215 SKYVIEW AVE NEW PORT RICHEY FL 34653	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD MADSEN, DONNA 7221 ASHMORE DR. NEW PORT RICHEY FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD VAN JOHNSON 7315 FAIRWOOD AVE. NEW PORT RICHEY, FL 34653 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HOLBROOK, TONY 7435 ASHMORE DR NEW PORT RICHEY FL 34653	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T VINCENT DIGREGORIO 7421 ASHMORE DRIVE NEW PORT RICHEY, FL 34653 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S TERRY, FRANK 7320 SKYVIEW AVE TAMPA FL 34653	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/99)

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: X Thomas A. Rimos II THOMAS A. RIMOS II 1-10-2000 727-849-3977

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #