

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N48867

1. Entity Name

WILDWOOD ESTATES HOME OWNERS ASSOCIATION, INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90069 033 ****70.00

Principal Place of Business

5142 CAMBRIDGE CT
WILDWOOD FL 34785
US

Mailing Address

5146 CAMBRIDGE CT
WILDWOOD FL 34785-9301
US

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

59-3093704

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of ~~Current~~ Registered Agent

BIEDERSTADT, RICHARD
5146 CAMBRIDGE CT
WILDWOOD FL 34785

Name

~~LET JAY COLLINS & ASSOCIATES P.A.~~

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

~~SUITE 203 - 500 AL WILKINS AVE.~~

City

FL

Zip Code

~~32284~~

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 P ☐ Delete
NAME BIEDERSTADT, RICHARD
STREET ADDRESS 5146 CAMBRIDGE CT
CITY-ST-ZIP WILDWOOD FL 34785

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME ELDOT, JOAN
STREET ADDRESS 5255 CAMBRIDGE CT.
CITY-ST-ZIP WILDWOOD FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME ELM, THELMA
STREET ADDRESS 5529 HERITAGE BLVD
CITY-ST-ZIP WILDWOOD FL 34785

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME DAFFIN, MARGARET
STREET ADDRESS 5541 HERITAGE BLVD
CITY-ST-ZIP WILDWOOD FL 34785

TITLE ☒ Change ☐ Addition
NAME TD
STREET ADDRESS HARTLESS JEANETTE
CITY-ST-ZIP 5191 CAMBRIDGE CT.
WILDWOOD FL, 34785

TITLE VP ☐ Delete
NAME NOLAN, PAT
STREET ADDRESS 5573 WILLIAMSBURG LN
CITY-ST-ZIP WILDWOOD FL 34785

TITLE ☒ Change ☐ Addition
NAME VP
STREET ADDRESS ARTHUR SPENGLER
CITY-ST-ZIP 5438 HERITAGE BLVD.
WILDWOOD FL, 34785

TITLE D ☐ Delete
NAME BRYANT, VIVIAN
STREET ADDRESS 5229 HARTFORD LN
CITY-ST-ZIP WILDWOOD FL 34785

TITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS NOLAN PAT,
CITY-ST-ZIP 5573 WILLIAMSBURG LN.
WILDWOOD FL, 34785

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:

RICHARD G. BIEDERSTADT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD G. BIEDERSTADT 352-748-4597
Date 2-9-2000 Daytime Phone #

CR2E037 (9/99)