

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N48867

1. Entity Name

WILDWOOD ESTATES HOME OWNERS ASSOCIATION, INC.

Principal Place of Business

5146 CAMBRIDGE CT
WILDWOOD FL 34785
US

Mailing Address

5146 CAMBRIDGE CT
WILDWOOD FL 34785
US

2. Principal Place of Business

5146 CAMBRIDGE CT.

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

WILDWOOD FL.

City & State

Zip Country

34785 SUMTER

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

BIEDERSTADT, RICHARD
5146 CAMBRIDGE CT
WILDWOOD FL 34785

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 RICHARD BIEDERSTADT

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-30-2001

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	P	<input type="checkbox"/> Delete
NAME	BIEDERSTADT, RICHARD	
STREET ADDRESS	5146 CAMBRIDGE CT	
CITY-ST-ZIP	WILDWOOD FL 34785	
TITLE	D	<input type="checkbox"/> Delete
NAME	ELDOT, JOAN	
STREET ADDRESS	5255 CAMBRIDGE CT.	
CITY-ST-ZIP	WILDWOOD FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	ELM, THELMA	
STREET ADDRESS	5529 HERITAGE BLVD	
CITY-ST-ZIP	WILDWOOD FL 34785	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DAFFIN, MARGARET	
STREET ADDRESS	5541 HERITAGE BLVD	
CITY-ST-ZIP	WILDWOOD FL 34785	
TITLE	VP	<input type="checkbox"/> Delete
NAME	NOLAN, PAT	
STREET ADDRESS	5573 WILLIAMSBURG LN	
CITY-ST-ZIP	WILDWOOD FL 34785	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRYANT, VIVIAN	
STREET ADDRESS	5229 HARTFORD LN	
CITY-ST-ZIP	WILDWOOD FL 34785	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAT NOLAN
STREET ADDRESS	5573 WILLIAMSBURG LN.
CITY-ST-ZIP	WILDWOOD FL. 34785
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEE MITCHELL
STREET ADDRESS	5224 LIBERTY COURT
CITY-ST-ZIP	WILDWOOD FL. 34785
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEANETTE HARTLESS
STREET ADDRESS	5191 CAMBRIDGE CT.
CITY-ST-ZIP	WILDWOOD FL. 34785
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOAN ELDOT
STREET ADDRESS	5255 CAMBRIDGE CT.
CITY-ST-ZIP	WILDWOOD FL. 34785
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: RICHARD BIEDERSTADT 1-30-2001 352 748-4697

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90371 015 ****70.00



DO NOT WRITE IN THIS SPACE