FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000083931

FILED
02 MAY -6 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name
AAA-RJD Enterprises, Inc.

UBR FILED For 2001-2002

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
31680 Lake Yale DR.
Suite, Apt. #, etc.
City & State: Grand Island, FL
Zip: 32735 County: Lake

3. Mailing Address
31680 Lake Yale DR
Suite, Apt. #, etc.
City & State: Grand Island, FL
Zip: 32735 County: 32735

DO NOT WRITE IN THIS SPACE AC 5/7

4. FEI Number
59-3472024
☐ Applied For
☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Lydia L. Dilday
Street Address (P.O. Box Number is Not Acceptable):
31680 Lake Yale DR.
City: Grand Island FL Zip Code: 32735

8. The above named entity submits this statement for the purpose of changing its (its) registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____ DATE: _____

9. This corporation is eligible to comply with the applicable Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE P	TITLE
NAME Rodney J. Dilday	NAME
STREET ADDRESS 31680 Lake Yale Dr.	STREET ADDRESS
CITY-ST-ZIP Grand Island, FL 32735	CITY-ST-ZIP
TITLE	TITLE
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP
TITLE	TITLE
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP
TITLE	TITLE
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP

200005480942--9
-05/07/02--01003--011
****150.00 ****150.00

DO NOT WRITE IN THIS SPACE

SD115790245O--0
-05/21/01--90361--014
****150.00 ****150.00

CR2E054B (12/01)

13. I hereby certify that this corporation complied with the filing dates for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental requirements attached hereto 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 607, Florida Statutes; and that my name appears in Block 11 or in an attachment with an address, as the officer, director, receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes.

SIGNATURE: Lydia L. Dilday 4-30-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

April 18, 2002

WENDIMERE VILLAS PHASE II CONDOMINIUM APARTMENTS ASSOCI
P.O. BOX 4535
TEQUESTA, FL 33469

Subject: **WENDIMERE VILLAS PHASE II CONDOMINIUM APARTMENTS**

Reference Number: **728531**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling $61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Provide the title(s) of each officer/director listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/kj
ANNUAL REPORTS SECTION