

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

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DIVISION OF CORPORATIONS
95 APR -3 PM 6:01

DOCUMENT # **N07471 (8)**

1. Corporation Name
WOOD DALE HOMEOWNERS CORPORATION

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
**% ELIZABETH FRANKLIN
37807 BENTLEY DR.
ZEPHYRHILLS FL 33541**

3. Date Incorporated or Qualified **02/05/1985** 3a. Date of Last Report **03/17/1994**
4. FEI Number **59-2988465** Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Country 30 Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**FRANKLIN, ELIZABETH
37807 BENTLY DR.
ZEPHYRHILLS FL 33541**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when constituting)

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	MOTE, OWEN C.
STREET ADDRESS	37832 BENTLY DR.
CITY - ST - ZIP	ZEPHYRHILLS FL
TITLE	ST
NAME	PRESHER, NINA
STREET ADDRESS	37801 BEATLEY DR
CITY - ST - ZIP	ZEPHYRHILLS FL
TITLE	D
NAME	WHTHE, JEAN
STREET ADDRESS	37825 BOSTON AVE.
CITY - ST - ZIP	ZEPHYRHILLS FL
TITLE	D
NAME	FRANKLIN, ELIZABETH
STREET ADDRESS	37807 BENTLY DR.
CITY - ST - ZIP	ZEPHYRHILLS FL
TITLE	D
NAME	STAFFORD, ARTHUR
STREET ADDRESS	37745 BENTLEY DR.
CITY - ST - ZIP	ZEPHYRHILLS FL
TITLE	V
NAME	OSTERHOUDT, HOMER
STREET ADDRESS	37815 BENTLEY DR.
CITY - ST - ZIP	ZEPHYRHILLS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Owen C. Mote* **OWEN C. MOTE, PRESIDENT** **4/10/95** **813-782-9132**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)