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Mar 31 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N07471 (8)
 1. Corporation Name
WOOD DALE HOMEOWNERS CORPORATION



Principal Place of Business % ELIZABETH FRANKLIN 37807 BENTLEY DR. ZEPHYRHILLS FL 33541	Mailing Address % ELIZABETH FRANKLIN 37807 BENTLEY DR. ZEPHYRHILLS FL 33541
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3. Date Incorporated or Qualified 02/05/1985
4. FEI Number 59-2988465
Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Principal Place of Business 21 % JEANE WYTHE Suite, Apt. #, etc. 22 37939 CAPE COD DR. City & State 23 ZEPHYRHILLS, FL Zip Country 24 33541 25	2a. Mailing Address 26 % JEANE WYTHE Suite, Apt. #, etc. 27 37939 CAPE COD DR. City & State 28 ZEPHYRHILLS, FL Zip Country 29 33541 30
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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 JEANE WYTHE
82 Street Address (P.O. Box Number is Not Acceptable) 37939 CAPE COD DR.
83
84 City ZEPHYRHILLS
85 Zip Code FL 33541

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE **JEANE WYTHE ST** *Jeane Wythe* **3-18-98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOTE, OWEN C. 37832 BENTLY DR. ZEPHYRHILLS FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRESHER, NINA 37901 BEATLEY DR ZEPHYRHILLS FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WYTHE, JEAN 37825 BOSTON AVE. ZEPHYRHILLS FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANKLIN, ELIZABETH 37807 BENTLY DR. ZEPHYRHILLS FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STAFFORDD, ARTHUR 37745 BENTLEY DR ZEPHYRHILLS FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAWSON, LOIS 6633 NEW ENGLAND DR ZEPHYRHILLS FL <input checked="" type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	D OWEN C. MOTE 37832 BENTLEY DR ZEPHYRHILLS, FL. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	P JAMES CROY 37844 CAPE COD DR. ZEPHYRHILLS, FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	ST JEANE WYTHE 37939 CAPE COD DR. ZEPHYRHILLS, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	D DON SKINNER 37936 BENTLEY DR. ZEPHYRHILLS, FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	D BOB HOFFMAN 37917 BENTLEY DR. ZEPHYRHILLS, FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	V LOIS DAWSON 6633 NEW ENGLAND DR. ZEPHYRHILLS, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 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* **3/25/98 813-782-9132**

CR2E037 (10/97)