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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N07471

1. Corporation Name

WOOD DALE HOMEOWNERS CORPORATION

Principal Place of Business

C/O JEANE WYTHE
 37939 CAPE COD DRIVE
 ZEPHYRHILLS FL 33541
 US

Mailing Address

C/O JEANE WYTHE
 37939 CAPE COD DRIVE
 ZEPHYRHILLS FL 33541
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

02/05/1985

4. FEI Number

59-2988465

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

WYTHE, JEANE
 37939 CAPE COD DRIVE
 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 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

Resident agent

2-17-99

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 DELETE
 D
 NAME MOTE, OWEN C.
 STREET ADDRESS 37832 BENTLEY DR.
 CITY-ST-ZIP ZEPHYRHILLS FL

TITLE DELETE
 P
 NAME CROY, JAMES
 STREET ADDRESS 37844 CAPE COD DRIVE
 CITY-ST-ZIP ZEPHYRHILLS FL

TITLE DELETE
 ST
 NAME WYTHE, JEANE
 STREET ADDRESS 37939 CAPE COD DRIVE
 CITY-ST-ZIP ZEPHYRHILLS FL

TITLE DELETE
 D
 NAME SKINNER, DON
 STREET ADDRESS 37936 BENTLEY DRIVE
 CITY-ST-ZIP ZEPHYRHILLS FL

TITLE DELETE
 D
 NAME HOFFMAN, BOB
 STREET ADDRESS 37917 BENTLEY DRIVE
 CITY-ST-ZIP ZEPHYRHILLS FL

TITLE DELETE
 V
 NAME DAWSON, LOIS
 STREET ADDRESS 6633 NEW ENGLAND DR
 CITY-ST-ZIP ZEPHYRHILLS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
 P
 NAME HOFFMAN, BOB
 STREET ADDRESS 37917 BENTLEY DRIVE
 CITY-ST-ZIP ZEPHYRHILLS, FL

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
 D
 NAME BARNES, HERBERT
 STREET ADDRESS 37930 BENTLEY DRIVE
 CITY-ST-ZIP ZEPHYRHILLS, FL

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

Skinner, Don **REQUIRED**

2/15/99

813-782-9132

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)