


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90019 043 ****61.25

DOCUMENT # N07471
 1. Entity Name
WOOD DALE HOMEOWNERS CORPORATION




Principal Place of Business Mailing Address
C/O JEANE WYTHER **C/O JEANE WYTHER**
37939 CAPE COD DR. **37939 CAPE COD DR.**
ZEPHYRHILLS FL 33542 **ZEPHYRHILLS FL 33542**
US **US**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



MOORE CR2E037 (11/03)

4. FEI Number **59-2988465** Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
WYTHER, JEANE
37839 CAPE COD DR.
ZEPHYRHILLS FL 33542

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. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE *Jeane Wythe Jeane Wythe* DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	HOFFMAN, BOB	
STREET ADDRESS	27935 CAPE COD DR.	
CITY-ST-ZIP	ZEPHYRHILLS FL 33542	
TITLE	D	<input type="checkbox"/> Delete
NAME	WYTHER, JEANE	
STREET ADDRESS	37939 CAPE COD DRIVE	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	CORNISH, ROSE	
STREET ADDRESS	37821 BOSTON AVENUE	
CITY-ST-ZIP	ZEPHYRHILLS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUZZIE, LARRY	
STREET ADDRESS	37800 BOSTON AVE.	
CITY-ST-ZIP	ZEPHYRHILLS FL 33542	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GILLETTE, LOUIS	
STREET ADDRESS	37804 CAPE COD	
CITY-ST-ZIP	ZEPHYRHILLS FL 33542	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARIE TOENKES	
STREET ADDRESS	37904 CAPE COD DR	
CITY-ST-ZIP	ZEPHYRHILLS FLORIDA	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN HOUGHTLING	
STREET ADDRESS	37925 BENTLEY DRIVE	
CITY-ST-ZIP	ZEPHYRHILLS FLORIDA	
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: *Robert Hoffman* *Robert HOFFMAN* 2-17-04 813 282 4160
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #