

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Feb 27, 2008 8:00 am**  
**Secretary of State**

02-27-2008 90020 025 \*\*\*\*61.25



**DOCUMENT # N07471**  
1. Entity Name  
**WOOD DALE HOMEOWNERS CORPORATION**

Principal Place of Business: **C/O VIRGINIA HILLS  
37914 BENTLEY DR  
ZEPHYRHILLS FL 33542  
US**

Mailing Address: **C/O VIRGINIA HILLS  
37914 BENTLEY DR  
ZEPHYRHILLS FL 33542  
US**



2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

1st MOORE CR2E037 (10/07)

City & State

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

Zip Country Zip Country

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

**6. Name and Address of Current Registered Agent**  
**HILLS, VIRGINIA  
37914 BENTLEY 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 \_\_\_\_\_ (NOTE: Registered Agent signature must be typed with last name) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2008**

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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	P	<input type="checkbox"/> Delete
NAME	HOFFMAN, BOB	
STREET ADDRESS	27935 CAPE COD DR.	
CITY-ST-ZIP	ZEPHYRHILLS FL 33542	
TITLE	DST	<input type="checkbox"/> Delete
NAME	HILLS, VIRGINIA	
STREET ADDRESS	37914 BENTLEY DR	
CITY-ST-ZIP	ZEPHYRHILLS FL 33542	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	STEELE, PAUL	
STREET ADDRESS	37927 BOSTON	
CITY-ST-ZIP	ZEPHYRHILLS FL 33542	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAWSON, LOIS	
STREET ADDRESS	6633 NEW ENGLAND DR	
CITY-ST-ZIP	ZEPHYRHILLS FL 33542	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BUNTING, ELAINE	
STREET ADDRESS	37833 BOSTON AVE	
CITY-ST-ZIP	ZEPHYRHILLS FL 33542	
TITLE		<input type="checkbox"/> Delete
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 type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jan SKINNER	
STREET ADDRESS	37744 CAPE COD DR.	
CITY-ST-ZIP	Zephyrhills, FL 33542	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bob Skalow	
STREET ADDRESS	37829 Boston Ave	
CITY-ST-ZIP	Zephyrhills, FL 33542	
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 exemptions contained in Section 119, 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: *VIRGINIA R. Hills*

*2-20-08 813-783-9430*