

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07471

**FILED**  
**Mar 01, 2016**  
**Secretary of State**  
**CC7214740752**

**Entity Name:** WOOD DALE HOMEOWNERS CORPORATION

**Current Principal Place of Business:**

C/O 37945 BENTLEY DRIVE  
ZEPHYRHILLS, FL 33542

**Current Mailing Address:**

C/O 37945 BENTLEY DRIVE  
ZEPHYRHILLS, FL 33542 US

**FEI Number:** 59-2988465

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CUPPLES, DALE  
37945 BENTLEY DR.  
ZEPHYRHILLS, FL 33542 US

*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.*

**SIGNATURE:** DALE CUPPLES

03/01/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name CUPPLES, DALE  
Address 37907 BOSTON AVE  
City-State-Zip: ZEPHYRHILLS FL 33542

Title SECRETARY  
Name REVELLESE, FRANK  
Address 37848 BOSTON AVE.  
City-State-Zip: ZEPHYRHILLS FL 33542

Title DIRECTOR  
Name GONZALEZ, ALEX  
Address C/O 6645 NEW ENGLAND DR.  
City-State-Zip: ZEPHYRHILLS FL 33542

Title VP  
Name SKINNER, JAN  
Address 37744 CAPE COD DR  
City-State-Zip: ZEPHYRHILLS FL 33542

Title DIRECTOR  
Name KING, EVELYN  
Address 37839 BENTLEY DR  
City-State-Zip: ZEPHYRHILLS FL 33542

Title DIRECTOR  
Name KISH, DENNIS  
Address 37813 BOSTON AVE  
City-State-Zip: ZEPHYRHILLS FL 33542

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** DALE CUPPLES

PRESS

03/01/2016

Electronic Signature of Signing Officer/Director Detail

Date