

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 20 PM 1:19

DOCUMENT # 754457 (0)
1. Corporation Name

WILDWOOD OF DEER CREEK PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
1852 WILDWOOD LN EAST 1852 WILDWOOD LN EAST
DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified 3a. Date of Last Report
10/02/1980 01/25/1994
4. FEI Number Applied For
59-2055745 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent
GAGLIANO, KAREN A
1300 N. FEDERAL HWY., STE. 110
BOCA RATON FL 33432

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
(Signature, typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	VD
NAME	MOLLOY, EDWIN
STREET ADDRESS	319 WILDWOOD CR
CITY-ST-ZIP	DEERFIELD BEACH FL
TITLE	PTD
NAME	STEIN, HAROLD M
STREET ADDRESS	526 WILDWOOD LN E
CITY-ST-ZIP	DEERFIELD BCH FL
TITLE	D
NAME	RUPPE, BECKI
STREET ADDRESS	347 WILDWOOD CR
CITY-ST-ZIP	DEERFIELD BCH FL
TITLE	D
NAME	THATCHER, LINDA
STREET ADDRESS	364 WILDWOOD LN E.
CITY-ST-ZIP	DEERFIELD BCH FL
TITLE	D
NAME	GREENBLOTT, BERNARD
STREET ADDRESS	373 WILDWOOD LN E
CITY-ST-ZIP	DEERFIELD BCH FL
TITLE	S
NAME	RUBIN, SOPHIE
STREET ADDRESS	387 WILDWOOD LANE E
CITY-ST-ZIP	DEERFIELD BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 10.07(3)(b), Florida Statutes. I further certify that the information on which this annual report or supplementary annual report is based 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, trustee or partner empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 of this form, and, on an attachment, in an affidavit.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/96 315-287880
Date