FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 768098

(6)

Mailing Address

THE ASSOCIATION OF WOOD BROOK MOBILE HOME ESTATE S, INC.

1510 Ariana ST BOX 90 Lakeland FL 33803		1510 ARIANA ST BOX 90 LAKELAND FL 33803-6901				3. Date Incorporated or Qualified 3a. Date of Last Report		
2. Principal Pi	lace of Business	2a. Mailing Address		••••		04/21/1983 04/14/1996 4. FEI Number Applied F	or.	
21		26				59-2201272 Not Applied P		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				60.75 4 4 101		
22		27				5. Certificate of Status Desired Fee Required	141	
City & State	0	City & State				6. Election Campaign Financing \$5.00 May Bo	e	
23		28				Trust Fund Contribution Added to Fees		
7 Zφ				Country		8. This corporation has liability for intangible tax under s. 199.03	32,	
24	25 29 30 9. Name and Address of Current Registered Agent		30	-		Florida Statutes		
	9. Name and Address of Current	Hegistered Agent		81	Name	10. Name and Address of New Registered Agent		
00111111	V FRANCIO				TYAITIE			
CONNLLY, FRANCIS				82 Street Address (P.O. Box Number is Not Acceptable)				
1510 ARIANA ST #90 LAKELAND FL 33803				83				
LANELAN	ID PL 33803							
				84	City	85 Zip Code		
11. Pursuant t	to the provisions of Sections €17.0502	and 617.1508. Florida Statute	s. the a	bove	-namec	ned corporation submits this statement for the purpose of changing its regist	ered	
office of ri	egistered agent, or both, in the State of medical medi	of Florida. Such change was at	uthorize	ad by	the cor	corporation's board of directors. I hereby accept the appointment as register	red	
SIGNATURE _	Signature, typed or printed name of registered agen	A CONTRACT OF THE PROPERTY OF	B					
12.	OFFICERS AND		Hegislere	ao Agen	n signatur	ature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	· · · · · ·	
TITLE	PD	DELETE	1.1 7	ITLE			dition	
NAME	ALFORD, GEORGE		1.2 N	IAME				
STREET ADDRESS	1510 W. ARIANA ST., SUITE 108		1.3 \$	1.3 STREET ADDRESS		ss		
CITY-ST-ZIP	LAKELAND FL			1.4 CITY - ST - ZIP				
TITLE				2.1 TITLE		☐ Change ☐ Ad	dition	
NAME	LUEPER, CLEMENT		2.2 N	2.2 NAME				
STREET ADDRESS	1510 W. ARIANA ST., SUITE 121			2.3 STREET ADDRESS		ss		
CITY-ST-ZIP	LAKELAND, FL 00000			CITY-\$1	T - ZIP			
TITLE	SD DELETE			3.1 TITLE		Change Ad	dition	
NAME	SCHRADER, ARTHUR		3.2 N	IAME				
STREET ADDRESS	1510 W. ARIANA ST., SUITE 9		3.3 S	TREET	ADORESS	es .		
CITY-ST-ZIP	LAKELAND FL		3.4. [CITY-\$1	T-ZIP			
TITLE	TD	☐ DELETE	4.1 T	ITLE		☐ Change ☐ Ad	Idition	
NAME	CONNOLLY, FRANCIS		4.21	NAME				
STREET ADDRESS	1510 ARIANA ST. #90		4.3 S	TREET A	ADDRESS	ss		
CITY-SY-ZIP	LAKELAND FL		4.4 C	ITY-ST	-ZIP			
THILE	D	XX DELETE	5.1 10	ITLE		D Change Ad	ldition	
NAME	Lindber, Eric		5.2 N	AME		CHARLES OLIVER		
STREET ADDRESS	1510 W. ARIANA ST. 175		5.3 \$	TREET A	ADDRESS			
CITY-ST-ZIP	LAKELAND FL		5.4 0	ITY-ST	- ZiP	LAKELAND, FL. 33803		
THILE	D	DELETE	6.1 Ti	ITLE		Change Ad	dition	
NAME	Ward, Robert		6.2 N	IAME				
STREET ADDRESS	1510 W. ARIANA ST., SUITE 69	9	6.3 S	TREET A	ADDRESS	SS	1	

6.4 CITY-ST-ZIP

14. I do 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.

FILED

Feb 28 1997 8:00am

Secretary of State