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Feb 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **768098** (6)

1. Corporation Name

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

Principal Place of Business

**1510 ARIANA ST
BOX 90
LAKELAND FL 33803**

Mailing Address

**1510 ARIANA ST
BOX 90
LAKELAND FL 33803**



3. Date Incorporated or Qualified

04/21/1983

4. FEI Number

59-2201272

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CONNLY, FRANCIS
1510 ARIANA ST #90
LAKELAND FL 33803**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**PD
ALFORD, GEORGE
1510 W. ARIANA ST., SUITE 108
LAKELAND FL**

☒ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**VD
LUEPER, CLEMENT
1510 W. ARIANA ST., SUITE 121
LAKELAND, FL 00000**

☒ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**SD
SCHRADER, ARTHUR
1510 W. ARIANA ST., SUITE 9
LAKELAND FL**

☒ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**TD
CONNOLLY, FRANCIS
1510 ARIANA ST. #90
LAKELAND FL**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**D
OLIVER, CHARLES
1510 ARIANA ST. STE 318
LAKELAND FL**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**D
WARD, ROBERT
1510 W. ARIANA ST., SUITE 69
LAKELAND FL**

☒ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD 1.2 NAME Kueper, Clement

1.3 STREET ADDRESS 1510 W. Ariana St. Suite 121

1.4 CITY-ST-ZIP Lakeland, FL.

2.1 TITLE VD 2.2 NAME Wood, Donald

2.3 STREET ADDRESS 1510 W. Ariana St., Suite 257

2.4 CITY-ST-ZIP Lakeland, FL.

3.1 TITLE SD 3.2 NAME Oberhaus, Mona

3.3 STREET ADDRESS 1510 W. Ariana St., Suite 434

3.4 CITY-ST-ZIP Lakeland, FL.

4.1 TITLE 4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE D 6.2 NAME Thompson, Ruth

6.3 STREET ADDRESS 1510 W. Ariana St. Suite 402

6.4 CITY-ST-ZIP Lakeland, FL.

14. 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 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.

SIGNATURE: *Francis W. Connolly* **FRANCIS W. CONNOLLY** 2/9/98 (941)687-8677

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0064727

CR2E037 (10/97)