

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G56633** (2)

1. Corporation Name

WATER OAKS MOBILE HOME PARK, INC.



Principal Place of Business

**C/O TERRY D SCHINDLER
RT 7 BOX 1245
DEFUNIAK SPRINGS FL 32433**

Mailing Address

**C/O TERRY D SCHINDLER
RT 7 BOX 1245
DEFUNIAK SPRINGS FL 32433**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
22 **38 WATER OAKS LANE**
23 **DEFUNIAK SPRINGS, FL**
24 **32433**
25 Country
26 Suite, Apt. #, etc.
27 **38 WATER OAKS LANE**
28 **DEFUNIAK SPRINGS, FL**
29 **32433**
30 Country

3. Date Incorporated or Qualified

08/24/1983

3a. Date of Last Report

04/24/1995

4. FTT Number

59-2331064

Applied For

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**

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

**SCHINDLER, TERRY D
RT 7 BOX 1245
DEFUNIAK SPRINGS FL 32433**

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

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

(NOTE: Registered Agent's signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **CPD
SCHINDLER, TERRY D**
STREET ADDRESS **RT 7 BOX 1245**
CITY-ST-ZIP **DEFUNIAK SPRGS, FL 00000**
TITLE ☐ DELETE
NAME **STD
SCHINDLER, BRENT D**
STREET ADDRESS **ROUTE 7 BOX 1245**
CITY-ST-ZIP **DEFUNIAK SPRINGS FL**
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **38 WATER OAKS LANE**
1.4 CITY-ST-ZIP **DEFUNIAK SPRINGS, FL 32433**
2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **P.O. Box 6045**
2.4 CITY-ST-ZIP **GULF BREEZE, FL 32561**
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Brent Schindler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRENT SCHINDLER 4-3-96 (904) 892-3131
Date Daytime Phone

CR2E034 (12/95)