

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 07 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G56633** (2)

1. Corporation Name  
**WATER OAKS MOBILE HOME PARK, INC.**



Principal Place of Business <b>38 WATER OAKS LANE DEFUNIAK SPRINGS FL 32433 US</b>	Mailing Address <b>38 WATER OAKS LANE DEFUNIAK SPRINGS FL 32433 US</b>
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2. Principal Place of Business 21 <b>41 WATER OAKS LANE</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>41 WATER OAKS LANE</b> Suite, Apt. #, etc.
22 City & State 23 <b>DEFUNIAK SPRINGS, FL</b>	27 City & State 28 <b>DEFUNIAK SPRINGS, FL</b>
24 <b>32433</b> 25 <b>WALTON</b>	29 <b>32433</b> 30 <b>WALTON</b>

3. Date Incorporated or Qualified <b>08/24/1983</b>	3a. Date of Last Report <b>04/10/1996</b>
4. FEI Number <b>59-2331064</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>SCHINDLER, TERRY D RT 7 BOX 1245 DEFUNIAK SPRINGS FL 32433</b>	10. Name and Address of New Registered Agent 81 Name <b>BRENT SCHINDLER</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>2101 SCENIC HWY. APT. D209</b> 83 84 City <b>PENSACOLA</b> FL 85 Zip Code <b>32503</b>
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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 *Brent Schindler* **BRENT SCHINDLER**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>CPD</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHINDLER, TERRY D</b>	1.2 NAME	
STREET ADDRESS	<b>38 WATER OAKS LANE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DEFUNIAK SPRGS, FL 00000</b>	1.4 CITY-ST-ZIP	
TITLE	<b>STD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>PSTD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHINDLER, BRENT D</b>	2.2 NAME	<b>SCHINDLER, BRENT D.</b>
STREET ADDRESS	<b>P.O. BOX 6045</b>	2.3 STREET ADDRESS	<b>2101 SCENIC HWY. #D209</b>
CITY-ST-ZIP	<b>GULF BREEZE FL</b>	2.4 CITY-ST-ZIP	<b>PENSACOLA, FL 32503</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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* **BRENT SCHINDLER** 4-25-97 (904) 444-9128  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)