FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 19 AM 9:42

DOCUMENT # J22484 (6)

1. Corporation Name
WOODBRIDGE MOBILE HOME OWNERS, INC.

Principal Place of Business	Mailing Address
11055 SE FEDERAL HWY #15 HOBE SOUND FL 33455 US	11055 SE FEDERAL HWY #15 HOBE SOUND FL 33455 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/30/1986
3a. Date of Last Report: 02/15/1994
4. FEI Number: 59-2664245 — Applied For / Not Applicable

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

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 INDIVIDUALS

9. Name and Address of Current Registered Agent

BLAKE, MARY ANNE
11055 SE FEDERAL HWY #15
HOBE SOUND FL 33455

10. Name and Address of New Registered Agent
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 MARY ANN BLAKE, Dir. *Mary Ann Blake Dir.* 1-12-95
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	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	EVANS, WALTER	1.2 NAME	
STREET ADDRESS	11055 SE FEDERAL HWY #20	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOBE SOUND FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	GONCZY, ROBERT	2.2 NAME	
STREET ADDRESS	11055 SE FEDERAL HWY 29	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOBE SOUND FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	☐ Change ☐ Addition
NAME	SCHMIDT, EUGENE K.	3.2 NAME	
STREET ADDRESS	11055 SE FED HWY #40	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOBE SOUND FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	SD ☒ Change ☐ Addition
NAME	REINHART, FLORENCE L/	4.2 NAME	REINHART, FLORENCE
STREET ADDRESS	11055 SE FED HWY #58	4.3 STREET ADDRESS	11055 SE FED. Hwy. #58
CITY-ST-ZIP	HOBE SOUND FL	4.4 CITY-ST-ZIP	Hobe Sound, Fl. 33455
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	HERRICK, FRANCIS L.	5.2 NAME	
STREET ADDRESS	11055 SE FEDERAL HWY #88	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOBE SOUND FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	BLAKE, MARY ANN	6.2 NAME	
STREET ADDRESS	11055 SE FEDERAL HWY #15	6.3 STREET ADDRESS	
CITY-ST-ZIP	HOBE SOUND FL	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: *Eugene K. Schmidt* TD EUGENE K SCHMIDT 1/12/95 407-546-0820 407-546-4777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone

0268240 CP