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Jan 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # J22484 (6)

1. Corporation Name
WOODBIDGE MOBILE HOME OWNERS, INC.



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

Mailing Address
11055 SE FEDERAL HWY #15
HOBE SOUND FL 33455-5165
US

3. Date Incorporated or Qualified
06/30/1986

3a. Date of Last Report
02/01/1996

4. FEI Number
59-2664245

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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

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
PARKER GITSCHIER

82 Street Address (P.O. Box Number is Not Acceptable)
11055 SE FEDERAL HWY. #63

83

84 City
HOBE SOUND, FL

85 Zip Code
33455

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 *Parker Gitschier* PARKER GITSCHIER VD JAN 29 1997
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GONCZY, ROBERT	
STREET ADDRESS	11055 SE FEDERAL HWY., # 29	
CITY - ST - ZIP	HOBE SOUND FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GITSCHIER, PARKER	
STREET ADDRESS	11055 SE FEDERAL HWY., # 63	
CITY - ST - ZIP	HOBE SOUND FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SCHMIDT, EUGENE K.	
STREET ADDRESS	11055 SE FED HWY #40	
CITY - ST - ZIP	HOBE SOUND FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	PORTER, RACHEL	
STREET ADDRESS	11055 SE FEDERAL HWY., # 33	
CITY - ST - ZIP	HOBE SOUND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HERRICK, FRANCIS L.	
STREET ADDRESS	11055 SE FEDERAL HWY #88	
CITY - ST - ZIP	HOBE SOUND FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BLAKE, MARY ANN	
STREET ADDRESS	11055 SE FEDERAL HWY #15	
CITY - ST - ZIP	HOBE SOUND FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	DIRECTOR
6.3 STREET ADDRESS	THEODORA STANDT #103
6.4 CITY - ST - ZIP	11055 SE FEDERAL HWY., HOBE SOUND, FL. 33455-5165

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: *EUGENE K. SCHMIDT* *Eugene K. Schmidt* TD 1/20/97 561-546-4777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)