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Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90197 006 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J22484

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
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/30/1986

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 owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 11055 S.E. Federal Hwy

Suite, Apt. #, etc.

22 City & State

23 Hobe Sound, FL

24 Zip Country

33455

25

2a. Mailing Address

26 11055 S.E. Federal Hwy

Suite, Apt. #, etc.

27 City & State

28 Hobe Sound FL

29 Zip Country

33455

30

9. Name and Address of Current Registered Agent

HERRICK, FRANCIS L.
11055 S.E. FED HWY #88
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VD ☒ DELETE

NAME SOFIELD, WILLIAM
STREET ADDRESS 11055 S.E. FEDERAL HWY #69
CITY-ST-ZIP HOBE SOUND FL

TITLE TD ☐ DELETE

NAME KIRKPATRICK, PATRICIA
STREET ADDRESS 11055 S.E. FEDERAL HWY #68
CITY-ST-ZIP HOBE SOUND FL

TITLE D ☐ DELETE

NAME TYLUS, BRUCE
STREET ADDRESS 11055 S.E. FEDERAL HWY #90
CITY-ST-ZIP HOBE SOUND FL

TITLE SD ☐ DELETE

NAME PORTER, RACHEL
STREET ADDRESS 11055 SE FEDERAL HWY., # 33
CITY-ST-ZIP HOBE SOUND FL

TITLE PD ☐ DELETE

NAME HERRICK, FRANCIS L.
STREET ADDRESS 11055 SE FEDERAL HWY #88
CITY-ST-ZIP HOBE SOUND FL

TITLE D ☒ DELETE

NAME THEODORA STANDT
STREET ADDRESS 11055 SE FEDERAL HWY #103
CITY-ST-ZIP HOBE SOUND FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VD ☒ Change ☐ Addition

1.2 NAME Theodora Standt
1.3 STREET ADDRESS 11055 S.E. Federal Hwy #103
1.4 CITY-ST-ZIP

2.1 TITLE D ☐ Change ☒ Addition

2.2 NAME Evans, Virginia
2.3 STREET ADDRESS 11055 S.E. Federal Hwy. #20
2.4 CITY-ST-ZIP Hobe Sound, FL 33455

3.1 TITLE VD ☒ Change ☐ Addition

3.2 NAME Standt, Theodora
3.3 STREET ADDRESS 11055 S.E. Federal Hwy #103
3.4 CITY-ST-ZIP Hobe Sound, FL 33455

4.1 TITLE D ☐ Change ☒ Addition

4.2 NAME Gherlone, Lou
4.3 STREET ADDRESS 11055 S.E. Federal Hwy. #80
4.4 CITY-ST-ZIP Hobe Sound, FL 33455

5.1 TITLE D ☐ Change ☒ Addition

5.2 NAME Clemson, John
5.3 STREET ADDRESS 11055 S.E. Federal Hwy, #98
5.4 CITY-ST-ZIP Hobe Sound, FL 33455

6.1 TITLE D ☐ Change ☒ Addition

6.2 NAME Doak, Samuel
6.3 STREET ADDRESS 11055 S.E. Federal Hwy. #31
6.4 CITY-ST-ZIP Hobe Sound, FL 33455

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE:

Francis L. Herrick

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/11/99 561-546-5211

CR2E034 (11/98)