

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008756

FILED
Apr 26, 2008
Secretary of State

Entity Name: WILDWOOD MOBILE HOME PARK RENTERS ASSOCIATION, INC.

Current Principal Place of Business:

402 BRUCE AVE
% BARBARA L SMITH
WILDWOOD, FL 34785

New Principal Place of Business:

Current Mailing Address:

402 BRUCE AVE
% BARBARA L SMITH
WILDWOOD, FL 34785

New Mailing Address:

FEI Number: 20-5636179

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WELKE, BRIAN J
531 N BAY ST
EUSTIS, FL 32726 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BLOOMBERG, KARL
Address: 416 BRUCE AVE
City-St-Zip: WILDWOOD, FL 34785

Title: V () Delete
Name: SMITH, WILLIAM
Address: 401 BRUCE AVE
City-St-Zip: WILDWOOD, FL 34785

Title: T () Delete
Name: SMITH, BARBARA L
Address: 402 BRUCE AVE
City-St-Zip: WILDWOOD, FL 34785

Title: S () Delete
Name: SMITH, BARBARA L
Address: 402 BRUCE AVE
City-St-Zip: WILDWOOD, FL 34785

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: ASHBY, JANE
Address: 821 MICHIGAN STREET
City-St-Zip: WILDWOOD, FL 34785

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA L SMITH

S

04/26/2008

Electronic Signature of Signing Officer or Director

Date