

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N07471

1. Entity Name
WOOD DALE HOMEOWNERS CORPORATION



Principal Place of Business
**C/O VIRGINIA HILLS
37914 BENTLEY DR
ZEPHYRHILLS, FL 33542 US**

Mailing Address
**C/O VIRGINIA HILLS
37914 BENTLEY DR
ZEPHYRHILLS, FL 33542 US**



01042006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2988465

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HILLS, VIRGINIA
37914 BENTLEY DR
ZEPHYRHILLS, FL 33542**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Virginia P. Hills

VIRGINIA HILLS

Jan. 2006

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

(NOTE: Registered Agent signature required when rechartering)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
HOFFMAN, BOB
27935 CAPE COD DR.
ZEPHYRHILLS, FL 33542**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DST
HILLS, VIRGINIA
37914 BENTLEY DR
ZEPHYRHILLS, FL 33542**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
STEELE, PAUL
37927 BOSTON
ZEPHYRHILLS, FL 33542**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DAWSON, LOIS
6633 NEW ENGLAND DR
ZEPHYRHILLS, FL 33542**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BUNTING, ELAINE
37833 BOSTON AVE
ZEPHYRHILLS, FL 33542**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000386409
01/18/06-80058-016 70.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Virginia P. Hills

VIRGINIA HILLS

813 783 9430

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #