FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 9:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N10640 (3)

1. Corporation Name
WHEEL ESTATES MOBILE HOME OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1152 PICKEREL CIRCLE ORLANDO FL 32839-2853	1152 PICKEREL CIRCLE ORLANDO FL 32839-2853

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/12/1985
3a. Date of Last Report: 04/19/1994
4. FEI Number: 59-2413000 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
AHART, SHERRI
1140 PICKEREL CIR
ORLANDO FL 32839

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 Sherri Ahart, Secretary — Sherri Ahart — 4/25/95
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	PDV	1.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, MARY ANN	1.2 NAME		
STREET ADDRESS	1152 PICKEREL CIRCLE	1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP		
TITLE	S	2.1 TITLE		☐ Change ☐ Addition
NAME	AHART, SHERRI	2.2 NAME		
STREET ADDRESS	1140 PICKEREL CIR	2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP		
TITLE	TD	3.1 TITLE		☐ Change ☐ Addition
NAME	SOULIGNY, FREDA	3.2 NAME		
STREET ADDRESS	1169 PICKEREL CIR	3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	MARTIN, DONALD	4.2 NAME		
STREET ADDRESS	1217 PICKEREL CIR	4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	GOYETTE, HELEN	5.2 NAME		
STREET ADDRESS	1207 PERCH LANE	5.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP		
TITLE	VD	6.1 TITLE	VD	☒ Change ☐ Addition
NAME	COLEMAN, CAROL	6.2 NAME	Coleman, Carole	
STREET ADDRESS	1158 PICKEREL CIR	6.3 STREET ADDRESS	1156 Pickerel Circle	
CITY-ST-ZIP	ORLANDO FL	6.4 CITY-ST-ZIP	Orlando, FL	

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Carole Coleman — 4/25/95 — 851-4860
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Carole Coleman

0594764