

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N10640 (3)

1. Corporation Name

WHEEL ESTATES MOBILE HOME OWNERS ASSOCIATION, IN  
C.

Principal Place of Business

Mailing Address

1152 PICKEREL CIRCLE  
ORLANDO FL 32839-2853

1152 PICKEREL CIRCLE  
ORLANDO FL 32839-2853



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

08/12/1985

3a. Date of Last Report

05/01/1995

4. FBI Number

59-2413000

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AHART, SHERRI  
1140 PICKEREL CIR  
ORLANDO FL 32839

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Sherril Ahart, Sherril Ahart, Secretary

4/22/96

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 ☐ DELETE

NAME JOHNSON, MARY ANN  
STREET ADDRESS 1152 PICKEREL CIRCLE  
CITY-ST-ZIP ORLANDO FL

TITLE S ☐ DELETE

NAME AHART, SHERRI  
STREET ADDRESS 1140 PICKEREL CIR  
CITY-ST-ZIP ORLANDO FL

TITLE TD ☐ DELETE

NAME SOULIGNY, FREDA  
STREET ADDRESS 1169 PICKEREL CIR  
CITY-ST-ZIP ORLANDO FL

TITLE D ☒ DELETE

NAME MARTIN, DONALD  
STREET ADDRESS 1217 PICKEREL CIR  
CITY-ST-ZIP ORLANDO FL

TITLE D ☒ DELETE

NAME GOYETTE, HELEN  
STREET ADDRESS 1207 PERCH LANE  
CITY-ST-ZIP ORLANDO FL

TITLE VD ☐ DELETE

NAME COLEMAN, CAROL  
STREET ADDRESS 1156 PICKEREL CIRCLE  
CITY-ST-ZIP ORLANDO FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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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)(k), 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:

MARY ANN JOHNSON

MARY ANN JOHNSON

April 25, 1996

407-857-9098

CR2E037 (12/95)