FILE NOW: FILING FEE AFTER MAY 1 IS $150.00

AND FILED

CORPORATION ANNUAL REPORT **1995**

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

95 APR 21 AM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N19737** **(8)**

1. Corporation Name

WHWH HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5662 HANCOCK DR WILDWOOD FL 34785 US	5662 HANCOCK DR WILDWOOD FL 34785 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/19/1987
3a. Date of Last Report: 04/27/1994
4. FEI Number: 59-2871442 ☐ 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
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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SCIALBBA, SAM T
5662 HANCOCK DR
WILDWOOD FL 34785

10. Name and Address of New Registered Agent

81 Name: Sam T. Scialabba
82 Street Address (P.O. Box Number is Not Acceptable): 5662 Hancock Dr.
83
84 City: Wildwood, Fl. FL 85 Zip Code: 34785

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: Sam T. Scialabba, President — Sam T Scialabba — 4/17/95
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	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	SCIALABBA, SAM T	1.2 NAME		
STREET ADDRESS	5662 HANCOCK DR	1.3 STREET ADDRESS		
CITY-ST-ZIP	WILDWOOD FL	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	WADLE, CLEMENS	2.2 NAME	Elbert Daffin	
STREET ADDRESS	5598 HANCOCK DR	2.3 STREET ADDRESS	5541 Heritage Blvd.	
CITY-ST-ZIP	WILDWOOD FL	2.4 CITY-ST-ZIP	Wildwood, Fl. 34785	
TITLE	SD	3.1 TITLE		☐ Change ☐ Addition
NAME	SCIALABBA, NORMA	3.2 NAME		
STREET ADDRESS	5662 HANCOCK DR	3.3 STREET ADDRESS		
CITY-ST-ZIP	WILDWOOD FL	3.4 CITY-ST-ZIP		
TITLE	TD	4.1 TITLE		☐ Change ☐ Addition
NAME	DAFFIN, MARGARET	4.2 NAME		
STREET ADDRESS	5541 HERITAGE BLVD	4.3 STREET ADDRESS		
CITY-ST-ZIP	WILDWOOD FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	D	☒ Change ☐ Addition
NAME	KOVACH, MILDRED	5.2 NAME	Janet Dobson	
STREET ADDRESS	5477 LANSING DR	5.3 STREET ADDRESS	5604 Columbus Circle	
CITY-ST-ZIP	WILDWOOD FL	5.4 CITY-ST-ZIP	Wildwood, Fl. 34785	
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	SCHMAHL, HENRY	6.2 NAME		
STREET ADDRESS	5439 CLUMBUS CIR	6.3 STREET ADDRESS		
CITY-ST-ZIP	WILDWOOD FL	6.4 CITY-ST-ZIP		

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: Sam T. Scialabba — Sam T Scialabba — 4/17/95 — 904-748-0223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #