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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Northam
Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # N48867

(8)

FILED
Apr 11 1996 8:00 am
Secretary of State

WILDWOOD ESTATES HOME OWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 5224 Liberty Ct. 5224 Liberty Ci. Wildwood, Fl. 34785 Wildwood, Fl. 34785 3. Date Incorporated or Qualified 3a. Date of Last Report 05/14/1992 04/24/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 5224 Liberty Ct. 5224 Liberty Ct. 59-3093704 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Wildwood, Wildwood Trust Fund Contribution Added to Fees Zip 34785 Country Country 8. This corporation has liability for intangible tax under s. 199.032 34785 US Yes X No 24 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MITCHELL, JOSEPH SCHNEIDER, JOHN 82 Street Address (P.O. Box Number is Not Acceptable) 5224 Liberty Ct. 5452 Heritage Blvd. WILDWOOD, FL 34785 83 Wildwood, Wildwo Zip Code 34785 relimitatelle ~ 6~9k MUCHELL 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PDX DELETE X Change Addition TITLE 1.1 TITLE SCHNEIDER, JOHN MITCHELL, JOSEPH NAME 1.2 NAME 5452 HERITAGE BLVD. STREET ADDRESS 1.3 STREET ADDRESS 5224 LIBERTY CT. WILDWOOD, FL. 34785 CITY-ST-2.P 1.4 CITY - ST - ZIP WILDWOOD, FL. 35785 Change **X** DELETE Addition TITLE 2 1 TITLE VD 2 2 NAME ELSOT, JOAN NAME MEYER, FRED STREET ADDRESS 5252 OXFORD CT. 2 3 STREET ADDRESS 5255 CAMBRIDGE CT. CITY - ST - ZiP 2. 4 CITY-ST-ZIP WILDWOOD, FL. 34785 WILDWOOD, FL. 34785 TITLE DELETE Change Addition 3 1 TITLE NAME 3 2 NAME SPENGLER, VIRGINIA FORD, SHIRLEY STREET ADDRESS 3.3 STREET ADDRESS 5438 HERITAGE BLVD 5531 LANSING DR. CITY-ST-ZP 3 4 CITY-ST-ZIP <u>WILDWOOD, FL. 34785</u> <u> WILDWOOD, FL. 34785</u> Change X DELETE Addition 41 TITLE NAME 4. 2 NAME COSTAS, MILDRED DAFFIN MARGARET STREET ADDRESS 4.3 STREET ADDRESS 5500 HERITAGE BLVD 5541 HERITAGE BLVD CITY-ST-ZIP 4 4 CITY - ST - ZIP **WILDWOOD, [FL:: 34785**] WILDWOOD, FL 34785 ·__ JELETE Change ___ Addition TITLE 5 1 TITLE NAME ABRAHAM, WILLIAM 5.2 NAME STREET ADDRESS 5210 LIBERTY CT. 5.3 STREET ADDRESS 50000<u>1</u>7 --04/11/96--0; CITY-ST-ZIP 5 4 CITY-ST-ZIP WILDWOOD, FL. 34785 O 10 Change DELETE Addition TITLE 61 TITLE ***61.25 NAME 6.2 NAME SCHNEIDER, FRANCES STREET ADDIRESS 63 STREET ADDRESS 5168 CAMBRIDGE CT. 64 CITY-ST-ZIP

14. I do hereby certify first 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: ______

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-96

748-5487

0'S 4/11/96