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Feb 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N48867 (8)**
1. Corporation Name
WILDWOOD ESTATES HOME OWNERS ASSOCIATION, INC.



Principal Place of Business 5224 LIBERTY CT. WILDWOOD FL 34785 US	Mailing Address 5224 LIBERTY CT. WILDWOOD FL 34785-0115 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 5452 Heritage Blvd. City & State 23 Wildwood FL Zip 24 34785 25 US	2a. Mailing Address 26 Suite, Apt. #, etc. 27 5452 Heritage Blvd. City & State 28 Wildwood FL Zip 29 34785 30 US
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3. Date Incorporated or Qualified 05/14/1992	3a. Date of Last Report 04/11/1996
4. FEI Number 59-3093704	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**MITCHELL, JOSEPH
5224 LIBERTY CT.
WILDWOOD FL 34785**

10. Name and Address of New Registered Agent
81 Name **SCHNEIDER, JOHN**
82 Street Address (P.O. Box Number is Not Acceptable)
5452 Heritage Blvd.
83
84 City **WILDWOOD** **FL** **85** Zip Code **34785**

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 *John Schneider*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2/13/97
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MITCHELL, JOSEPH	1.2 NAME	Schneider, John
STREET ADDRESS	5224 LIBERTY CT.	1.3 STREET ADDRESS	5452 Heritage Blvd.
CITY-ST-ZIP	WILDWOOD FL 35785	1.4 CITY-ST-ZIP	Wildwood FL 34785
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELSOT, JOAN	2.2 NAME	Spengler, Ginny
STREET ADDRESS	5255 CAMBRIDGE CT.	2.3 STREET ADDRESS	5438 Heritage Blvd.
CITY-ST-ZIP	WILDWOOD FL 34785	2.4 CITY-ST-ZIP	Wildwood FL 34785
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	Sgt.-at-Arms <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FORD, SHIRLEY	3.2 NAME	Tishman, Art
STREET ADDRESS	5531 LANSING DR	3.3 STREET ADDRESS	5462 Heritage Blvd.
CITY-ST-ZIP	WILDWOOD FL 34785	3.4 CITY-ST-ZIP	Wildwood FL 34785
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAFFIN, MARGARET	4.2 NAME	Scialabba, Sam
STREET ADDRESS	5541 HERITAGE BLVD	4.3 STREET ADDRESS	5662 Hancock Drive
CITY-ST-ZIP	WILDWOOD FL 34785	4.4 CITY-ST-ZIP	Wildwood FL 34785
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABRAHAM, WILLIAM	5.2 NAME	Eldot, Joan
STREET ADDRESS	5210 LIBERTY COURT	5.3 STREET ADDRESS	5255 Cambridge Ct.
CITY-ST-ZIP	WILDWOOD FL	5.4 CITY-ST-ZIP	Wildwood FL 34785
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHNEIDER, FRANCES	6.2 NAME	Bryant, Vivian
STREET ADDRESS	5168 CAMBRIDGE COURT	6.3 STREET ADDRESS	5229 Hartford Lane
CITY-ST-ZIP	WILDWOOD FL	6.4 CITY-ST-ZIP	Wildwood FL 34785

14. I do hereby certify that the information supplied with this filing 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: *John Schneider*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/97
Date

(352) 748-5139
Daytime Phone 0070611

CR2E037 (9/96)