

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 16 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>5452 HERITAGE BLVD WILDWOOD FL 34785 US</b>		Mailing Address <b>5452 HERITAGE BLVD WILDWOOD FL 34785 US</b>		3. Date Incorporated or Qualified <b>05/14/1992</b>	
2. Principal Place of Business <b>21 5146 CAMBRIDGE CT.</b> Suite, Apt. #, etc.		2a. Mailing Address <b>26 5146 CAMBRIDGE CT.</b> Suite, Apt. #, etc.		4. FEI Number <b>59-3093704</b> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
22 City & State <b>23 WILDWOOD FLA.</b> Zip <b>24 34785</b> Country		27 City & State <b>28 WILDWOOD FLA.</b> Zip <b>29 34785</b> Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
				7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>SCHNEIDER, JOHN 5452 HERITAGE BLVD WILDWOOD FL 34785</b>		10. Name and Address of New Registered Agent <b>81 Name RICHARD BIEDERSTADT 82 Street Address (P.O. Box Number is Not Acceptable) 5146 CAMBRIDGE CT. 83 84 City WILDWOOD FL 85 Zip Code 34785</b>	
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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 Richard Biederstadt - RICHARD BIEDERSTADT - PRESIDENT DATE 2-3-98  
Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when relating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHNEIDER, JOHN 5452 HERITAGE BLVD WILDWOOD FL <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PRESIDENT RICHARD BIEDERSTADT 5146 CAMBRIDGE CT. WILDWOOD FL. 34785 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELDOT, JOAN 5255 CAMBRIDGE CT. WILDWOOD FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FORD, SHIRLEY 5531 LANSING DR WILDWOOD FL 34785 <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	SECRETARY THIRMA ELM 5529 HERITAGE BLVD. WILDWOOD FL. 34785 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DAFFIN, MARGARET 5541 HERITAGE BLVD WILDWOOD FL 34785 <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SPENGLER, GINNY 5438 HERITAGE BLVD WILDWOOD FL <input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	VIC PRESIDENT PAT NOLAN 5573 WILLIAMS BURG LANE WILDWOOD FL. 34785 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHNEIDER, FRANCES 5168 CAMBRIDGE COURT WILDWOOD FL <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	DIRECTOR SAM SCIALABBA 5662 HANCOCK DRIVE WILDWOOD FL. 34785 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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: Richard Biederstadt - RICHARD BIEDERSTADT - 2-3-98 352-748-4597  
Signature and typed or printed name of signing officer or director Date Daytime Phone # 007 1288

CFR2037 (10/97)