FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**



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

1996

DOCUMENT #
1. Corporation Name N9400002354 (8)

WILDWOOD CITY MOBILE HOME PARK HOMEOWNER'S ASSOC IATION INC

IATION	, ,,,,,,						
Principal Place of Business Mailing Address					L SECTION AND LORIS DEGIN DEGIN DEGIN DEGIN	1814 50 41 1014 1105 1110 [1 1	(1) (1) (1) (1)
104 N WEBSTER ST WILDWOOD FL 34785		104 N WEBSTER ST WILDWOOD FL 34785					
					3. Date Incorporated or Qualified 05/10/1994	3a. Date of Last Rep 05/01/199	
·	ace of Business	2a. Mailing Address		•	4. FEI Number	App	lied For
21		26			NOT APPLICABLE	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	□ \$8.75 A	
City & State	9	City & State		-	4.5.11.0	Fee Req	•
23	•	28			Election Campaign Financing Trust Fund Contribution	□ \$5.00 A	
Zip	Country	Zip	Country	,	This corporation has liability for in		
24	25	29	30			Yes □ No	,,,,,,,
	9. Name and Address of Curre	ent Registered Agent		r	10. Name and Address of New Re	gistered Agent	
			81	Name	9		
	JO, C JOHN		82	Stree	t Address (P.O. Box Number is Not Acceptable)	
	VEBSTER ST						
WILDWO	OOD FL 34785		83	ļ			
			84	City		85 Zip Co	ode
44 5						FL	
or register	red agent, or both, in the State of Flo	rida. Such change was authorize	es, the above-r ad by the corp	named o oration	corporation submits this statement for the purp s board of directors. I hereby accept the appoi	ose of changing its regis	itered office ent Lam
familiar wit	th, and accept the obligations of, Sec	ction 617.0503, Florida Statutes					
SIGNATURE _	Sloopting hand as edeted a visit of a visit of a	in a state of the	vita suntratt				
12.	Signature, typed or printed name of registered age OFFICERS AI	ND D'RECTORS	13.	it signature	required when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRECTORS	IN 12
TITLE	D	DELETE	1 1 TITLE		P		Addition
NAME	SMITH, NORMAN		1.2 NAME		UPTON, DOREENE	C susurge L	2 3 - 100 - 110 -
STREET ADDRESS	327 YOUNG CR		13 STREET	ADDRESS			
CITY-ST-ZIP	WILDWOOD FL 34785		14 CITY-S		WILDWOOD FL 34785		
TITLE	D	☑ DELET E	21 TITLE		D VP	Change	Addition
NAME	MILLER, DORMAND E		2 2 NAME		DUBRAVETZ, RUDY	•	
STREET ADDRESS	308 YOUNG CR		2 3 STREE1	ADDRESS			
CITY-ST-ZIP	WILDWOOD FL 34785		2 4 CiTY - 5	ST - Z IP	WILDWOOD FL 34785		a.
TITLE	D	DELETE	31 TITLE		2	☐ Change [a	Addition
NAME	SMITH, JOHNNY		3.2 NAME		ALLEN, BARBARA		
STREET ADDRESS	314 YOUNG CR		3.3 STREET	ADDRESS			
CITY-ST-ZIP	WILDWOOD FL 34785	Property Co.	3.4 CITY-5	ST - ZIP	BON YOUNG EIR WILDWOOD FL 31/785	, 	
TITLE		DELETE	4.1 TITLE		(D)	☐ Change [Addition
NAME			4. 2 NAME		KIEHL, CHARLES		
STREET ADDRESS			4.3 STREET	ADDRESS	342 YOUNG CIR	<u>ب</u>	
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - S	T-ZIP	WINDWOOD FL 34783		Addition
NAME			5.1 TITLE		MILLER, HAZEL	Change	Addition
			5.2 NAME	*DDDECC			
STREET ADDRESS			5 3 STREET		331 YOUNG CIR		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - S 6.1 TITLE	1-214	WILDWOOD FL 34785	☐ Change	Addition
NAME			6.2 NAME		MILLER, DORMAND	L ∪ tanga ■	_ Aggregati
STREET ADDRESS			63 STREET	ADDRESS	1.4		
CITY-ST-ZIP			64 CHY-S		WINDWOOD FL 3418	سير	
14. I do hereb	y certify that the information supplied	with this filing is voluntarily furni	shed and does	s not ac	alify for the exemption stated in Section 119.0	7(3)(k), Florida Statutes. I	I further
certify that	t the information indicated on this and	iual report or supplemental annu	al report is tru	ie and a	occurate and that my signature shall have the surte this report as required by Chapter 617, Flor	ame legal effect as if ma	de under

SIGNATURE: ___

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF MCEA OR DIRECTOR

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