


4-7-97 B-4/30 C  
FILE NOW: FILING FEE IS \$61.25

FILED

Apr 07 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N94000002354 (8)</b> 1. Corporation Name <b>WILDWOOD CITY MOBILE HOME PARK HOMEOWNER'S ASSOCIATION, INC.</b>			
Principal Place of Business <b>104 N WEBSTER ST WILDWOOD FL 34785</b>		Mailing Address <b>104 N WEBSTER ST WILDWOOD FL 34785-4085</b>	
2. Principal Place of Business 21 <b>335 YOUNG CIRCLE</b> Suite, Apt. #, etc. 22 City & State 23 <b>WILDWOOD, FLA. ....</b> Zip 24 <b>34785</b>		2a. Mailing Address 26 <b>335 YOUNG CIRCLE</b> Suite, Apt. #, etc. 27 City & State 28 <b>WILDWOOD, FLA.</b> Zip 29 <b>34785</b>	
3. Date Incorporated or Qualified <b>05/10/1994</b>		3a. Date of Last Report <b>04/10/1996</b>	
4. FEI Number <b>NOT APPLICABLE</b>		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input 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>	
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 <b>CONIGLIO, C JOHN 104 N WEBSTER ST WILDWOOD FL 34785</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
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 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 NAME STREET ADDRESS CITY - ST - ZIP	<b>DP UPTON, DOREEN 335 YOUNG CIR WILDWOOD FL</b> <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<b>D JUDY BAKER 305 Young Circle Wildwood, Fla.</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DVP DUBRAVETZ, RUBY 337 YOUNG CIR WILDWOOD FL</b> <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	<b>D ALLEN, BARBARA 335 YOUNG CIR WILDWOOD FL</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D KIEHL, CHARLES 342 YOUNG CIR WILDWOOD FL</b> <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	<b>D MILLER, HAZEL 331 YOUNG CIR WILDWOOD FL</b> <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>ST MILLER, DORMAND 308 YOUNG CIRCLE WILDWOOD FL</b> <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <b>Doreen Upton - President</b> 2/19/97 3-28-97 Date SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0070497			

CR2E037 (9/96)