

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 26 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N94000002354 (8)

1. Corporation Name

WILDWOOD CITY MOBILE HOME PARK HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

Mailing Address

335 YOUNG CIRCLE
WILDWOOD FL 34785
US

335 YOUNG CIRCLE
WILDWOOD FL 34785
US

3. Date Incorporated or Qualified

05/10/1994

4. FEI Number

NOT APPLICABLE

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☒ Yes

☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~CONIGLIO, C JOHN
104 N WEBSTER ST
WILDWOOD FL 34785~~

81 Name

UPTON DAREENE

82 Street Address (P.O. Box Number is Not Acceptable)

335 YOUNG CIRCLE

83

Wildwood

84 City

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

Doreene Upton

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

(NOTE: Registered Agent signature required when reinstating)

3/19/98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE
NAME UPTON, DOREEN
STREET ADDRESS 335 YOUNG CIR
CITY-ST-ZIP WILDWOOD FL

TITLE DVP ☐ DELETE
NAME DUBRAVETZ, RUBY
STREET ADDRESS 337 YOUNG CIR
CITY-ST-ZIP WILDWOOD FL

TITLE D ☐ DELETE
NAME BAKER, JUDY
STREET ADDRESS 305 YOUNG CIRCLE
CITY-ST-ZIP WILDWOOD FL

TITLE D ☐ DELETE
NAME KIEHL, CHARLES
STREET ADDRESS 342 YOUNG CIR
CITY-ST-ZIP WILDWOOD FL

TITLE D ☐ DELETE
NAME MILLER, HAZEL ST
STREET ADDRESS 331 YOUNG CIR
CITY-ST-ZIP WILDWOOD FL

TITLE ST ☒ DELETE
NAME MILLER, DORMAND
STREET ADDRESS 308 YOUNG CIRCLE
CITY-ST-ZIP WILDWOOD FL

1.1 TITLE DIRECTOR ☒ Change ☐ Addition
1.2 NAME JUDY S. BAKER
1.3 STREET ADDRESS 305 YOUNG CIRCLE
1.4 CITY-ST-ZIP WILDWOOD, FL. 34785

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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: *President - Doreene Upton*

2/15/98

CR2E037 (10/97)