

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 13, 1999 8:00 am  
Secretary of State

04-13-1999 90074 006 \*\*\*\*61.25

DOCUMENT # N94000002354

1. Corporation Name

WILDWOOD CITY MOBILE HOME PARK HOMEOWNER'S ASSOC  
IATION, INC.

Principal Place of Business

335 YOUNG CIRCLE  
WILDWOOD FL 34785  
US

Mailing Address

335 YOUNG CIRCLE  
WILDWOOD FL 34785  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

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

9. Name and Address of Current Registered Agent

UPTON DOREENE  
335 YOUNG CIR  
WILDWOOD FL 34785

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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 DOREENE UPTON

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

Doreene Upton

(NOTE: Registered Agent signature required when reinstating)

4/7/99

DATE

12. OFFICERS AND DIRECTORS

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

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

Doreene Upton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/7/99 352-748-4965

CR2E037 (11/98)