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FILED
Jul 30, 2002 8:00 am
Secretary of State
03-18-2002 90056 020 ****61.25

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000002354

1. Entity Name

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

Principal Place of Business	Mailing Address
335 YOUNG CIRCLE WILDWOOD FL 34785 US	335 YOUNG CIRCLE WILDWOOD FL 34785 US

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
308 Young Circle Suite, Apt. #, etc.	308 Young Circle Suite, Apt. #, etc.
City & State: Wildwood, Fl. Zip: 34785 Country: SUMTER	City & State: Wildwood, Fl. Zip: 34785 Country: SUMTER

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
UPTON DOREENE 335 YOUNG CIR WILDWOOD FL 34785	Name: Adam John Street Address (P.O. Box Number is Not Acceptable): 308 Young Circle City: Wildwood, FL Zip Code: 34785

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE: [redacted] John W. Adam 3/15/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25 PD

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~DP~~ UPTON, DOREEN 335 YOUNG CIR WILDWOOD FL		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP ADAM, JOHN 308 YOUNG CIRCLE WILDWOOD, FL. 34785	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP DUBRAVETZ, RUBY 337 YOUNG CIR WILDWOOD FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~ST~~ DIANE ROBERTS 330 YOUNG CIRCLE WILDWOOD, FL. 34785	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BAKER, JUDY 305 YOUNG CIRCLE WILDWOOD FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SPARKS, GERMAN 300 YOUNG CIRCLE WILDWOOD, FL. 34785	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KIEHL, CHARLES 342 YOUNG CIR WILDWOOD FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~SF~~ D MILLER, HAZEL 331 YOUNG CIR WILDWOOD FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TAYLOR, CARL 329 YOUNG CIRCLE WILDWOOD FL 34785	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE John W. Adam 3/15/02 330-2298
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2002 UNIFORM BUSINESS REPORT (UBR)

Attachment 40011

0016411

DOCUMENT # N94000002354

1. Entity Name

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

Principal Place of Business	Mailing Address
335 YOUNG CIRCLE WILDWOOD FL 34785 US	335 YOUNG CIRCLE WILDWOOD FL 34785 US

[redacted]

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

UPTON DOREENE
335 YOUNG CIR
WILDWOOD FL 34785

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

After September 13, 2002, min. will be $236.25.

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP UPTON, DOREEN 335 YOUNG CIR WILDWOOD FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP DUBRAVETZ, RUBY 337 YOUNG CIR WILDWOOD FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BAKER, JUDY 305 YOUNG CIRCLE WILDWOOD FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KIEHL, CHARLES 342 YOUNG CIR WILDWOOD FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST MILLER, HAZEL 331 YOUNG CIR WILDWOOD FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TAYLOR, CARL 329 YOUNG CIRCLE WILDWOOD FL 34785	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (4/02)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment [redacted] 40011

#VR94000002354

Dear Sir:

Our report was sent in on 7/3 and the 5th with the necessary check of 6.25.

Our problem was the lady who was put on the record as Sec. of Treas. has moved out of the park so the list of Directors must return to its previous form. I'm sorry we had to wait this long to correct this but she had gone to Texas and didn't let us know until now that she wasn't coming back.

I'm returning the form you had returned to me with the correction made.