

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 08, 2004 8:00 am**  
**Secretary of State**

04-08-2004 90030 028 \*\*\*\*\*61.25

**DOCUMENT # N94000002354**

1. Entity Name

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



Principal Place of Business

308 YOUNG CIR  
WILDWOOD FL 34785  
US

Mailing Address

308 YOUNG CIR  
WILDWOOD FL 34785  
US

04041203



MOORE CR2E037 (11/03)

2. Principal Place of Business

308 Young Circle  
Suite, Apt. #, etc.

3. Mailing Address

308 Young Circle  
Suite, Apt. #, etc.

City & State

Wildwood, FLA.

City & State

Wildwood, FLA.

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ADAM, JOHN  
308 YOUNG CIR  
WILDWOOD FL 34785

7. Name and Address of New Registered Agent

Name

NO CHANGE

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

*John W. Adam*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-5-04

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	COUTUS, RICHARD	
STREET ADDRESS	316 YOUNG CIRCLE	
CITY-ST-ZIP	WILDWOOD FL 34785	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	DUBRAVETZ, RUBY	
STREET ADDRESS	337 YOUNG CIR	
CITY-ST-ZIP	WILDWOOD FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAKER, JUDY	
STREET ADDRESS	305 YOUNG CIRCLE	
CITY-ST-ZIP	WILDWOOD FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KIEHL, CHARLES	
STREET ADDRESS	342 YOUNG CIR	
CITY-ST-ZIP	WILDWOOD FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILLER, HAZEL	
STREET ADDRESS	331 YOUNG CIR	
CITY-ST-ZIP	WILDWOOD FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	DOREENE LUTON	
STREET ADDRESS	335 YOUNG CIRCLE	
CITY-ST-ZIP	Wildwood, FL 34785	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GERMAN SPARKS	
STREET ADDRESS	308 YOUNG CIRCLE	
CITY-ST-ZIP	Wildwood, FL 34785	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:** *Doreene Lutton*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/05/04 352-748-4965  
Date Daytime Phone #

Doc # 19400000 2354

Please remove the  
Inc. from the  
title on this ~~docum~~  
document. We are  
not incorporated  
and it causes a  
problem at the bank.  
Thank you.  
Aileen Upton - Sec.