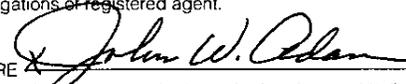


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**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	
2. Principal Place of Business 308 Young Circle		3. Mailing Address 308 Young Circle	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Wildwood, FLA.		City & State Wildwood, FLA.	
Zip 34785	Country SUMTER	Zip 34785	Country SUMTER
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: 		DATE: 4-5-04	
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST COUTUS, RICHARD 316 YOUNG CIRCLE WILDWOOD FL 34785 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GERMAN SPARKS 300 YOUNG CIRCLE Wildwood, FL 34785 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP DUBRAVETZ, RUBY 337 YOUNG CIR WILDWOOD FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAKER, JUDY 305 YOUNG CIRCLE WILDWOOD FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIEHL, CHARLES 342 YOUNG CIR WILDWOOD FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, HAZEL 331 YOUNG CIR WILDWOOD FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DOREENE LPTON 335 YOUNG CIRCLE Wildwood, FL 34785 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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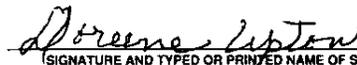


MOORE CR2E037 (11/03)

4. FEI Number NO-T APPLICABLE Applied For Not Applicable

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

Doc # NY9400000 2354

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