


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90048 039 *****61.25

DOCUMENT # N94000002354			
1. Entity Name WILDWOOD CITY MOBILE HOME PARK HOMEOWNER'S ASSOCIATION, INC.			
Principal Place of Business 308 YOUNG CIRCLE WILDWOOD FL 34785 US		Mailing Address 308 YOUNG CIRCLE WILDWOOD FL 34785 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
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 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 <i>John W. Adam</i> Signature, typed or printed name of registered agent and title if applicable.		President John W. Adam 4/3/07 (NOTE: Registered Agent signature required when reinstating) DATE	
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPARKS, GERMAN 308 YOUNG CIRCLE WILDWOOD FL 34785 <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	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 checked="" type="checkbox"/> Delete DECEASED	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 checked="" type="checkbox"/> Delete DECEASED	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D DENNY, ORVILLE ORVILLE DENNY 319 YOUNG CIRCLE WILDWOOD, FL 34785
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST UPTON, DOREENE A 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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *John W. Adam* JOHN ADAM 4/3/07 330-2298