

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002354

FILED  
Mar 23, 2011  
Secretary of State

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

**Current Principal Place of Business:**

308 YOUNG CIRCLE  
WILDWOOD, FL 34785 US

**New Principal Place of Business:**

**Current Mailing Address:**

308 YOUNG CIRCLE  
WILDWOOD, FL 34785 US

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ADAM, JOHN W  
308 YOUNG CIR  
WILDWOOD, FL 34785 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: SPARKS, GERMAN  
Address: 300 YOUNG CIRCLE  
City-St-Zip: WILDWOOD, FL 34785 US

Title: DVP  
Name: DUBRAVETZ, RUBY  
Address: 337 YOUNG CIR  
City-St-Zip: WILDWOOD, FL 34785 US

Title: D  
Name: KIEHL, CHARLES  
Address: 342 YOUNG CIR  
City-St-Zip: WILDWOOD, FL 34785 US

Title: D  
Name: ORVILLE, DENNY  
Address: 319 YOUNG CIR  
City-St-Zip: WILDWOOD, FL 34785 US

Title: ST  
Name: UPTON, DOREENE A  
Address: 335 YOUNG CIRCLE  
City-St-Zip: WILDWOOD, FL 34785 US

Title: D  
Name: DUBRAVETZ, RUDY JR  
Address: 337 YOUNG CIRCLE  
City-St-Zip: WILDWOOD, FL 34785 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CHARLES KIEHL

D

03/23/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date