2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N94000002354



FILED Apr 17, 2003 8:00 am Secretary of State

WILDWOO IATION, II	DD CITY MOBILE HOME PARK NC		04-17-2003 90113 02	./ 01	1.23		
Principal Place 308 YOUNG C WILDWOOD FL US		Mailing Address 308 YOUNG CIR WILDWOOD FL 34785 US		1 (0.0.1) & 0.0.10		11 488 (11 8 1 1 31	III 0101 F001
3 <u>0</u> 2 Suite, Apt.		3. Mailing Address 3.8 Youw Suite, Apt. 4, etc.	g Cire,		CHECK HERE IF MAKING C	13644 33151 471	
City & Stat	- Lwood	City & State	F1.		OT APPLICABLE		plied For t Applicable
Zip 7 7	185 Country SUMTER	Zip 34785	Country SUMTE	5. Certificate of St		8.75 Add	itional
	6. Name and Address of Current R	egistered Agent			ress of New Registered Ag	ent	
		_	Name				
ADAM, JOHN 308 YOUNG CIR WILDWOOD FL 34785			Street Address (P.O. Box Number is Not-Acceptable)				
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		City		FL	Zip Code	
	e named entity submits this statement for tions of registered agent.	the purpose of changing its re	egistered office or re	egistered agent, or both, in	the State of Florida. I am far	niliar with, a	and accept
, the obligation	tions of registered agent.					1	1
SIGNATURE	JOHN ADA	M		•	4/10/	03	
G IGIT III ONE	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE: F	Registered, Agent signature	required when reinstating)	DATE		
FILE NOW: FEE IS \$61.25 9. Election Camp. Trust Fund Con							ir
	FILE NOW: FEE IS \$61.25			\$5.00 May Be Added to Fees	Make Check I Florida Departm		
10.	OFFICERS AND DIRE	Trust Fund Cor		Added to Fees		nent of S	itate
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10. TITLE NAME STREET ADDRESS	OFFICERS AND DIRE ST ADAM, JOHN 308 YOUNG CIR	Trust Fund Co	11. TITLE NAME STREET ADDRESS	Added to Fees ADDITIONS/CHANG	Florida Departm ES TO OFFICERS AND DIRE	CTORS IN	itate 10
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRE ST ADAM, JOHN 308 YOUNG CIR WILDWOOD FL 34785	Trust Fund Co.	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Added to Fees ADDITIONS/CHANG	Florida Department of the second Direction of the seco	CTORS IN Change	10 Addition
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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:

4/10/12