


FILE NOW: FILING FEE IS \$61.25

FILED

May 12 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000006724 (5)**

1. Corporation Name

**WHEEL ESTATES HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business <b>1209 PICKEREL CIR ORLANDO FL 32839</b>	Mailing Address <b>1209 PICKEREL CIR ORLANDO FL 32839</b>
<b>1169 PICKEREL CIR ORLANDO, FL 32839</b>	<b>1169 PICKEREL CIR ORLANDO, FL 32839</b>

3. Date incorporated or Qualified <b>12/01/1997</b>
4. FEI Number <b>59-350 7351</b>
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business <b>21 1169 PICKEREL CIR</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26 1169 PICKEREL CIR</b> Suite, Apt. #, etc.
City & State <b>23 ORLANDO, FL</b>	City & State <b>28 ORLANDO, FL</b>
Zip <b>24 32839</b>	Country <b>25 USA</b>
Zip <b>29 32839</b>	Country <b>30 USA</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>RESNICK, MICHAEL L 1342 E VINE ST SUITE 236 KISSIMMEE FL 34744</b>	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SOULIGNY, FREDIA MARIE</b>	1.2 NAME	<b>PD SOULIGNY, FREDIA MARIE</b>
STREET ADDRESS	<b>1169 PICKEREL CIR</b>	1.3 STREET ADDRESS	<b>1169 PICKEREL CIR</b>
CITY-ST-ZIP	<b>ORLANDO FL 32839</b>	1.4 CITY-ST-ZIP	<b>ORLANDO, FL 32839</b>
TITLE	<b>D</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NGUYEN, SAM DUNG</b>	2.2 NAME	<b>VD NGUYEN, SAM DUNG</b>
STREET ADDRESS	<b>1209 PICKEREL CIR</b>	2.3 STREET ADDRESS	<b>1209 PICKEREL CIR</b>
CITY-ST-ZIP	<b>ORLANDO FL 32839</b>	2.4 CITY-ST-ZIP	<b>ORLANDO, FL 32839</b>
TITLE	<b>D</b>	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TARANTINO, NICOLA</b>	3.2 NAME	<b>SD TARANTINO, NICOLA</b>
STREET ADDRESS	<b>1161 PICKEREL CIR</b>	3.3 STREET ADDRESS	<b>1161 PICKEREL CIR</b>
CITY-ST-ZIP	<b>ORLANDO FL 32839</b>	3.4 CITY-ST-ZIP	<b>ORLANDO, FL 32839</b>
TITLE	<b>D</b>	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HARGER, SELINA</b>	4.2 NAME	<b>TD HARGER, SELINA</b>
STREET ADDRESS	<b>1140 PICKEREL CIR</b>	4.3 STREET ADDRESS	<b>1140 PICKEREL CIR</b>
CITY-ST-ZIP	<b>ORLANDO FL 32839</b>	4.4 CITY-ST-ZIP	<b>ORLANDO, FL 32839</b>
TITLE	<b>D</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JENNER, JOYCE</b>	5.2 NAME	<b>JENNER, JOYCE</b>
STREET ADDRESS	<b>1132 PICKEREL CIR</b>	5.3 STREET ADDRESS	<b>1132 PICKEREL CIR</b>
CITY-ST-ZIP	<b>ORLANDO FL 32839</b>	5.4 CITY-ST-ZIP	<b>ORLANDO, FL 32839</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*

CR2E037 (10/97)