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05-07-1999 90081 019 ****61.25

0018484

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000006724

1. Corporation Name

WHEEL ESTATES HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

1169 PICKEREL CIR
ORLANDO FL 32839
US

Mailing Address

1169 PICKEREL CIR
ORLANDO FL 32839
US



2. Principal Place of Business

21 1169 PICKEREL CIR
Suite, Apt. #, etc.

22

23 City & State
ORLANDO, FL

24 Zip Country
32839 USA

2a. Mailing Address

26 1169 PICKEREL CIR
Suite, Apt. #, etc.

27

28 City & State
ORLANDO, FL

29 Zip Country
32839 USA

3. Date Incorporated or Qualified

12/01/1997

4. FEI Number

59-3507351

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

RESNICK, MICHAEL L
1342 E VINE ST
SUITE 236
KISSIMMEE FL 34744

10. Name and Address of New Registered Agent

81 Name **FREDA M SOULIGNY**
82 Street Address (P.O. Box Number is Not Acceptable)
1169 PICKEREL CIR
83
84 City **ORLANDO** **FL** 85 Zip Code **32839**

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

Freda M Souigny

4-27-99
DATE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE **PD**
NAME **SOULIGNY, FREDA MARIE**
STREET ADDRESS **1169 PICKEREL CIR**
CITY-ST-ZIP **ORLANDO FL 32839**

TITLE **VD** ☒ DELETE

NAME **NGUYEN, SAM DUNG**
STREET ADDRESS **1209 PICKEREL CIR**
CITY-ST-ZIP **ORLANDO FL 32839**

TITLE **SD** ☒ DELETE

NAME **TARANTINO, NICOLA**
STREET ADDRESS **1161 PICKEREL CIR**
CITY-ST-ZIP **ORLANDO FL 32839**

TITLE **TD** ☒ DELETE

NAME **HARGER, SELINA**
STREET ADDRESS **1140 PICKEREL CIR**
CITY-ST-ZIP **ORLANDO FL 32839**

TITLE **D** ☒ DELETE

NAME **JENNER, JOYCE**
STREET ADDRESS **1132 PICKEREL CIR**
CITY-ST-ZIP **ORLANDO FL 32839**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE **VD** ☒ Change ☐ Addition
2.2 NAME **TRAN TUAN**
2.3 STREET ADDRESS **1156 PICKEREL CIR**
2.4 CITY-ST-ZIP **ORLANDO, FL 32839**

3.1 TITLE **SD** ☒ Change ☐ Addition
3.2 NAME **JO ANN MOORE**
3.3 STREET ADDRESS **1155 PICKEREL CIR**
3.4 CITY-ST-ZIP **ORLANDO, FL 32839**

4.1 TITLE **TD** ☒ Change ☐ Addition
4.2 NAME **JOYCE JENNER**
4.3 STREET ADDRESS **1132 PICKEREL CIR**
4.4 CITY-ST-ZIP **ORLANDO, FL 32839**

5.1 TITLE **D** ☒ Change ☐ Addition
5.2 NAME **NGUYEN, SAM DUNG**
5.3 STREET ADDRESS **1209 PICKEREL CIR**
5.4 CITY-ST-ZIP **ORLANDO, FL 32839**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

Freda M Souigny
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-99
Date

Daytime Phone #

CR2E037 (11/98)