

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90458 016 ****61.25

DOCUMENT # N97000006724					
1. Entity 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			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		City & State	
6. Name and Address of Current Registered Agent SOULIGNY, FRED A M 1169 PICKEREL CIR ORLANDO FL 32839				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		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 PD NAME SOULIGNY, FRED A MARIE STREET ADDRESS 1169 PICKEREL CIR CITY-ST-ZIP ORLANDO FL 32839	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME TRUONG, TAN STREET ADDRESS 1131 PICKEREL CIR CITY-ST-ZIP ORLANDO FL 32839	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME TRUONG, UYEN STREET ADDRESS 1131 PICKEREL CIR CITY-ST-ZIP ORLANDO FL 32839	<input checked="" type="checkbox"/> Delete		TITLE SD NAME TAM-VAN-NGUYEN STREET ADDRESS 1197 Pickerel Circle CITY-ST-ZIP Orlando FL 32839	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME TRAM, KHAI L STREET ADDRESS 1206 PERCH LANE CITY-ST-ZIP ORLANDO FL 32839	<input checked="" type="checkbox"/> Delete		TITLE TD NAME AI VAN TRAN STREET ADDRESS 1218 Perch Drive CITY-ST-ZIP Orlando, FL 32839	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME QUACH, TRIEN H STREET ADDRESS 1189 PICKEREL CIR CITY-ST-ZIP ORLANDO FL 32839	<input checked="" type="checkbox"/> Delete		TITLE D NAME Theda Ragan STREET ADDRESS 1223 Perch Lane CITY-ST-ZIP Orlando, FL 32839	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME CHEYNE, GORDON STREET ADDRESS 1136 PICKEREL CIR CITY-ST-ZIP ORLANDO FL 32839	<input checked="" type="checkbox"/> Delete		TITLE D NAME THUYHOANG VO STREET ADDRESS 1139 Pickerel Circle CITY-ST-ZIP Orlando, FL 32839	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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: <i>Freda M Souligny, President</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4-10-04</u> Daytime Phone # <u>407-855-4110</u>		



MOORE CR2E037 (11/03)

4. FEI Number 59-3507351
☐ Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**