

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

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90252 013 \*\*\*\*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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State

3. Mailing Address  
Suite, Apt. #, etc.  
City & State

4. FEI Number **59-3507351**  
Applied For  
 Not Applicable

Zip Country Zip Country

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

**6. Name and Address of Current Registered Agent**  
**SOULIGNY, FREDA 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD SOULIGNY, FREDA MARIE</b> <input type="checkbox"/> Delete <b>1169 PICKEREL CIR ORLANDO FL 32839</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD TRUONG, TAN</b> <input type="checkbox"/> Delete <b>1131 PICKEREL CIR ORLANDO FL 32839</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD TRUONG, UYEN</b> <input checked="" type="checkbox"/> Delete <b>1131 PICKEREL CIR ORLANDO FL 32839</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD TRAM, KHAI L</b> <input checked="" type="checkbox"/> Delete <b>1206 PERCH LANE ORLANDO FL 32839</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D QUACH, TRIEN H</b> <input type="checkbox"/> Delete <b>1189 PICKEREL CIR ORLANDO FL 32839</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CHEYNE, GORDON</b> <input checked="" type="checkbox"/> Delete <b>1136 PICKEREL CIR ORLANDO FL 32839</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD Llewellyn G. Tuttle</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>1219 Perch Lane Orlando, FL 32839</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD Llewellyn G. Tuttle</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>1219 Perch Lane Orlando, FL 32839</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Theda M. Ragin</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>1223 Perch Lane Orlando, FL 32839</b>

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: **SIGNATURE: Fredda M. Souligny**

**4-23-03 407-855-4110**

CR2E037 (10/02)