## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

**DOCUMENT #** S28359 1. Corporation Name

(5)

NORTHWOOD R.V. PARK, INC.

**FILED** Apr 22, 1996 08:00 AM **Secretary of State** 



Principal Place of Business  408 CUMBERLAND AVE.  OCOCE FL 34761		Mailing Address						
		408 CUMBERLAND A OCOEE FL 34761	408 CUMBERLAND AVE. OCOEE FL 34781					
				Date Incorporated or Qualified     01/30/1991	3a. Date of Last Report 10/20/1995			
2. Principal Plac	ne of Business	2a. Mailing Address			4. FEI Number			Applied For
21		26		00 000 1000		Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Additional		
22		27	27					Required
City & State		City & State	City & State		6. Election Campaign Financing	9 \$5.00 May Be Added to Fees		
23		28			Trust Fund Contribution			
Zip	Country	Zγp	Country		This corporation has liability for in Florida Statutes  Yes	ntangible tax No	under s	199.032,
24	25	29	[30]		10. Name and Address of New R		gent	
	g. Name and Address of Curren	nt Registered Agent	81	Name	IV. Rame pile Address of their tr			.,
			[0,			<del></del>		
	CK, W. BRUCE		82 Street Ad		idress (P.O. Box Number is Not Acceptable)			
	MBERLAND AVE.		83					
OCOEE	FL 34761		"					
			84	City		FL	<b>85</b> Z	ip Code
				L	ration submits this statement for the purify of directors. Thereby accept the app	maga of obar	.1	registered office
12.		ND DIRECTORS	(Notice Bugistered Age		ADDITIONS/CHANGES TO OFF		DIRECT Change	
TITLE	P	[] bereit	1 1 HILE 1.2 NAMÉ			L	, 3	
NAME	HANCOCK, W. BRUCE			I ADDRESS				
STREET ADDRESS	408 CUMBERLAND AVE. OCOEE FL 34761		1.4 C/TY-					
CITY-ST-ZIP	OCOEE PL 34/61	☐ DELETE	2 1 1 1 LE	21.1.			] Change	Addition
THILE			2.2 NAME					
NAME				I ADDRESS				
STREET ADDRESS			2 4 CITY-					
CITY - ST - ZIP TITLE		DELETE	3 1 HFLF				] Change	Addition
NAME			3.2 NAME					
STREET ADDRESS			33 STRE	ET ADDRESS				
C-TY - ST - ZIP			3.4 C/FY -	ST-ZIF			7 0	- El Addition
TITLE		DELETE	4 1 THTLE			L	Chang	e 🔲 Addition
NAME			4 2 NAME					
STREET ADDRESS			4 3 STREE	T ADDRESS				
CITY-ST-ZiP			4 4 CILY				7 Chang	e 🔲 Addition
TITLE		DELETE.	5 1 TITLE			L	_1 Unany	· Li reguloti
NAME			5.2 NAME	i				
STREET ADDRESS				FT ADDRESS				
CITY - ST - ZIP		ET De: 535	5.4.City				Chang	e Addition
TITLE		☐ DELETE	6 1 T-TLI	1		·		
NAME			6.2 NAM	i				
STREET ADDRESS				FT ADDRESS				
CITY-ST-ZIP			6.4 CITY	· S1 - ZIP	f V Vac stated in Contan 11	0.07/2/8/\ Eld	rda Sta	tutes I further

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 certify that I the information or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

NAME OF SIGNING OFFICER OR DIRECTOR