2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Secretary of State
02-08-2005 90020 007 ****70.00

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1. Entity Name
WILDWOOD PROPERTY OWNERS' ASSOCIATION, INC.

50012224

Principal Place of Business	Mailing Address
2147 PORTER LAKE DR B SARASOTA, FL 34240-8854	2147 PORTER LAKE DR B SARASOTA, FL 34240-8854

02032005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-2213633
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HAINES, TIM D
125 NE FIRST AVE #1
OCALA, FL 34470-6675

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BRUNDAGE, KEVIN E
STREET ADDRESS	2147 PORTER LAKE DR
CITY-ST-ZIP	SARASOTA, FL 342408854
TITLE	STD
NAME	SCUTT, WILLIAM F
STREET ADDRESS	2147 PORTER LAKE DR
CITY-ST-ZIP	SARASOTA, FL 342408854
TITLE	D
NAME	HAINES, TIM D
STREET ADDRESS	125 NE FIRST AVE SUITE 1
CITY-ST-ZIP	OCALA, FL 344706675
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Kevin E. Brundage KEVIN E. BRUNDAGE P/D. 2/3/05 941-371-9800 EXT 303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #