


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
 May 26, 2005 8:00 am
 Secretary of State

05-02-2005 90403 021 ****70.00

DOCUMENT # N03000006703

1. Entity Name
WILD OAKS OF PINELLAS HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business Mailing Address
%GOTTLIEB & GOTTLIEB, P.A. **%GOTTLIEB & GOTTLIEB, P.A.**
2475 ENTERPRISE RD., STE. 100 **2475 ENTERPRISE RD., STE. 100**
CLEARWATER, FL 33763 **CLEARWATER, FL 33763**

66019480



2. Principal Place of Business 3. Mailing Address
1799-B N. Belcher Rd **P.O. Box 14357**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

03072005 Chg-NP CR2E037 (10/03) **57-1204711**

City & State City & State
Clearwater FL **Clearwater FL**
 Zip Country Zip Country
33765 **US** **33766** **US**

4. FEI Number
APPLIED FOR Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
GOTTLIEB & GOTTLIEB, P.A.
2475 ENTERPRISE ROAD
SUITE 100
CLEARWATER, FL 33763

7. Name and Address of New Registered Agent
 Name: **Ameri-Tech Realty**
 Street Address (P.O. Box Number is Not Acceptable):
1799-B North Belcher Rd
 City: **Clearwater** FL Zip Code: **33765**

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: *Michael C. Perez* **Michael C. Perez** President 4/29/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is **\$61.25** Due by **May 1, 2005**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTT ROSS, THURMAN J III 2475 ENTERPRISE ROAD, STE. 100 CLEARWATER, FL 33763 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DYP Alex Mourtakis 3054 Alachua Pl New Port Richey FL 34655 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GOTTLIEB, JERRY 2475 ENTERPRISE ROAD, STE. 100 CLEARWATER, FL 33763 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bill Elliot P.O. Box 9073 Loriso, FL 33771 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GOTTLIEB, RICHARD 2475 ENTERPRISE ROAD, STE. 100 CLEARWATER, FL 33763 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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 that is otherwise empowered.

SIGNATURE: *[Signature]* **4/27/05 727/446-4717**
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR DATE DAYTIME PHONE #