2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006703

FILED Apr 09, 2006 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

1799 NORTH BELCHER ROAD 8247 WILD OAKS CIRCLE LARGO, FL 33773 SUITE B

CLEARWATER, FL 33765

New Mailing Address: Current Mailing Address:

P.O. BOX 14357 P.O. BOX 8710

CLEARWATER, FL 33766 US SEMINOLE, FL 33775-871 US

FEI Number: 57-1204711 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ANZERI-TECK REALTY 1799 NORTH BELCHER ROAD SUITE B

CLEARWATER, FL 33765 US

HETHERTON, SUSAN L PRES 8247 WILD OAKS CIRCLE LARGO, FL 33773

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.

SIGNATURE: SUSAN L HETHERTON 04/09/2006

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

PSTT () Delete ROSS, THURMAN J III Name:

2475 ENTERPRISE ROAD, STE. 100 Address: 8247 WILD OAKS CIRCLE Address:

City-St-Zip: CLEARWATER, FL 33763

Title: () Delete MOURTAKIS, ALEX Name: Address: 3054 ALACHUA PLACE

City-St-Zip: NEW PORT RICHEY, FL 34655

Title: () Delete ELLIOT, BILL Name: Address: P.O. BOX 9073 City-St-Zip: LARGO, FL 33771

Title: () Delete

Name: Address: City-St-Zip:

(X) Change () Addition HETHERTON, SUSAN L Name:

City-St-Zip: LARGO, FL 33773

Title: (X) Change () Addition

Name: MOURTAKIS, ALEX Address: 3054 ALACHUA PLACE City-St-Zip: NEW PORT RICHEY, FL 34655

Title: (X) Change () Addition

STOCKEL, MARK Name: 8263 WILD OAKS WAY Address: City-St-Zip: LARGO, FL 33773

Title: SEC () Change (X) Addition

Name: CARINGAL, NICOLE Address: 3134 52ND WAY N

City-St-Zip: ST. PETERSBURG, FL 33710 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN L HETHERTON **PRES** 04/09/2006