2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000006703



Jan 16, 2007 8:00 am Secretary of State

FILED

1. Entity Name WILD OAKS OF PINELLAS HOMEOWNERS' ASSOCIATION, INC.						0	1-16-2007	90182 03	31 ****6	1.25	
8247 WILD OAKS CIRCLE P.O.			P.O. BO	tailing Address P.O. BOX 8710 SEMINOLE, FL 33775 US							
Principal Place of Business - No P.O. Box # 3. Mailing Address											
Suite, Apt. #, etc.		Suite,	Suite, Apt. #, etc.			01062007 CI	hg-NP	CR2E03	7 (12/06)		
City & State		City & State				4. FEI Number 57-120471	1			oplied For	
Zip	Zip Country		Zip	Zip Co		untry	5. Certificate of St	tatus Desired		88.75 Add	iltional
6. Name and Address of Current Registered Agent						7. Name and Add	ress of New R	legistered A	gent		
истисот	ON CHE	ANI DDEC				Name					
HETHERTON, SUSAN L PRES 8247 WILD OAKS CIRCLE						Street Address	s (P.O. Box Number is	Not Acceptable	 ∌)		
LARGO, F											
						City			FL	Zip Code	e
		y submits this statement fo	r the purpose	of changing its	register	ed office or regist	tered agent, or both, in	the State of Flo	orida. I am f	amiliar with,	and accept
the obligat	tions of regist	tered agent.									
SIGNATURE	Chamber bood	lar adated arms of maintained arms.	and title if sometimes	- 0.07	F. F	4 4					
SIGNATURE	Signature, typed	or printed name of registered agent	and title if applical	sie. (NOTI	E: Registere	d Agent signeture requi	red when reinstating)	· · · · · · · · · · · · · · · · · · ·	DATE		
SIGNATURE	Filing Fe	or printed name of registered agent be is \$61.25 May 1, 2007	and title if applical	9. Election Car Trust Fund C	npaign F	Financing	\$5.00 May Be Added to Fees	1	DATE lake check ida Depart		1
SIGNATURE	Filing Fe	e is \$61.25		9. Election Car	npaign F	Financing tion.	\$5.00 May Be	Flor	lake check ida Depart	ment of St	ate
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 attactyfient with an address, with all other fike empowered.

SIGNATURE: