


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90033 007 ****61.25

DOCUMENT # N03000006703					
1. Entity Name WILD OAKS OF PINELLAS HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 8247 WILD OAKS CIRCLE LARGO, FL 33773 US			Mailing Address P.O. BOX 8710 SEMINOLE, FL 33775 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 57-1204711	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HETHERTON, SUSAN L PRES 8247 WILD OAKS CIRCLE LARGO, FL 33773				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	Zip Code
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PRES	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HETHERTON, SUSAN L		NAME		
STREET ADDRESS	8247 WILD OAKS CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	LARGO, FL 33773		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STOCKEL, MARK		NAME		
STREET ADDRESS	8263 WILD OAKS WAY		STREET ADDRESS		
CITY-ST-ZIP	LARGO, FL 33773		CITY-ST-ZIP		
TITLE	SEC	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CARINGAL, NICOLE		NAME		
STREET ADDRESS	3134 52ND WAY N		STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG, FL 33710		CITY-ST-ZIP		
TITLE	TREASURER	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CLEVENGER, SHARON		NAME		
STREET ADDRESS	8195 WILD OAKS CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	LARGO, FL 33773		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LALLIER, JOE		NAME		
STREET ADDRESS	8240 WILD OAKS WAY		STREET ADDRESS		
CITY-ST-ZIP	LARGO, FL 33773		CITY-ST-ZIP		
TITLE	SEC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DOBSON, WAYNE		NAME		
STREET ADDRESS	8201 WILD OAKS CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	LARGO, FL 33773		CITY-ST-ZIP		
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 attachment with an address, with all other like empowerments.					
SIGNATURE: <u>Susan L Hetherton</u>			Date: <u>1/19/08</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		

40009219



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