

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006703

FILED
Jan 21, 2009
Secretary of State

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

Current Principal Place of Business:

8247 WILD OAKS CIRCLE
LARGO, FL 33773 US

New Principal Place of Business:

8191 WILD OAKS CIRCLE
LARGO, FL 33773 US

Current Mailing Address:

P.O. BOX 8710
SEMINOLE, FL 33775 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

CARINGAL, CONRAD J PRES
8191 WILD OAKS CIRCLE
LARGO, FL 33773 US

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: CONRAD CARINGAL 01/21/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: HETHERTON, SUSAN L
Address: 8247 WILD OAKS CIRCLE
City-St-Zip: LARGO, FL 33773

Title: T () Delete
Name: CLEVINGER, SHARON
Address: 8195 WILD BARS CIR
City-St-Zip: LARGO, FL 33773

Title: VP () Delete
Name: LALLIER, JOE
Address: 8240 WILD OAKS WAY
City-St-Zip: LARGO, FL 33773

Title: S () Delete
Name: DOBSON, WAYNE
Address: 8201 WILD OAKS CIR
City-St-Zip: LARGO, FL 33773

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: CARINGAL, CONRAD J
Address: 8191 WILD OAKS CIRCLE
City-St-Zip: LARGO, FL 33773

Title: T (X) Change () Addition
Name: CLEVINGER, SHARON
Address: 8195 WILD OAKS CIR
City-St-Zip: LARGO, FL 33773

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: DINKELMAN, CLOLA
Address: 8202 WILD OAKS CIR
City-St-Zip: LARGO, FL 33773

I hereby certify that the information supplied with this filing does not qualify 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: SHARON CLEVINGER T 01/21/2009

Electronic Signature of Signing Officer or Director Date