

**2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000006703

**FILED**  
**Feb 18, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

8191 WILD OAKS CIRCLE  
LARGO, FL 33773 US

**New Principal Place of Business:**

**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:**

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

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

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

Title: T  
Name: CLEVINGER, SHARON  
Address: 8195 WILD OAKS CIR  
City-St-Zip: LARGO, FL 33773

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

Title: S  
Name: DINKELMAN, CLOLA  
Address: 8202 WILD OAKS CIR  
City-St-Zip: LARGO, FL 33773

I hereby 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 all other like empowered.

SIGNATURE: DAVID CLEVINGER

ACCT

02/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date