2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2009
Secretary of State

DOCUMENT# N06000009795

Entity Name: WILDERWOOD PROFESSIONAL CENTRE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1326 S. RIDGEWOOD AVENUE
SUITE 7
DAYTONA BEACH, FL 32114

New Principal Place of Business:

1326 S. RIDGEWOOD AVENUE
SUITE 7
DAYTONA BEACH, FL 321146177

Current Mailing Address:

1326 S. RIDGEWOOD AVENUE
SUITE 7
DAYTONA BEACH, FL 32114

New Mailing Address:

1326 S. RIDGEWOOD AVENUE
SUITE 7
DAYTONA BEACH, FL 321146177

FEI Number: 20-8465981 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROBINSON, DAVID C
1326 S. RIDGEWOOD AVENUE
SUITE 7
DAYTONA BEACH, FL 32114 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:	D	( ) Delete
Name:	ROBINSON, DAVID C	
Address:	1326 S. RIDGEWOOD AVENUE, SUITE 5&6	
City-St-Zip:	DAYTONA BEACH, FL 32114	
Title:	D	( ) Delete
Name:	FISHER, CLIFFORD JR	
Address:	1326 S. RIDGEWOOD AVENUE, SUITE 7&9	
City-St-Zip:	DAYTONA BEACH, FL 32114	
Title:	D	( ) Delete
Name:	BATTEN, DAVID	
Address:	1326 S. RIDGEWOOD AVENUE, SUITE 17&18	
City-St-Zip:	DAYTONA BEACH, FL 32114	
Title:	D	( ) Delete
Name:	DEES, JEFFREY	
Address:	1326 S. RIDGEWOOD AVENUE, SUITE 10	
City-St-Zip:	DAYTONA BEACH, FL 32114	
Title:	D	( ) Delete
Name:	ADAMSON, JOHN	
Address:	1326 S. RIDGEWOOD AVENUE, SUITE 4	
City-St-Zip:	DAYTONA BEACH, FL 32114	
Title:	D	( ) Delete
Name:	MITCHELL, JEROME	
Address:	1326 S. RIDGEWOOD AVENUE, SUITE 8	
City-St-Zip:	DAYTONA BEACH, FL 32114	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: DAVID C ROBINSON D 03/16/2009

Electronic Signature of Signing Officer or Director — Date