

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State

02-11-2000 90027 032 ****61.25

DOCUMENT # N99000007472

1. Entity Name

WILDER TRACE OF CENTRAL FLORIDA HOMEOWNERS' ASSO

Principal Place of Business

**5705 GREENWAY CIRCLE
 LAKELAND FL 33805**

Mailing Address

**5705 GREENWAY CIRCLE
 LAKELAND FL 33805**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3432865

Applied For
 Not Applied For

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**REHBERG, JAMES H
 5705 GREENWAY CIRCLE
 LAKELAND FL 33805**

7. Name and Address of New Registered Agent

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE Delete

**PD
 NAME REHBERG, JAMES H
 STREET ADDRESS 5705 GREENWAY CIRCLE
 CITY-ST-ZIP LAKELAND FL 33805**

TITLE Delete

**VD
 NAME HOFFMAN, L.K. H
 STREET ADDRESS P.O. BOX 7357
 CITY-ST-ZIP LAKELAND FL 33807**

TITLE Delete

**STD
 NAME REHBERG, LINDA J
 STREET ADDRESS 5705 GREENWAY CIRCLE
 CITY-ST-ZIP LAKELAND FL 33805**

TITLE Delete

**TITLE
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 CITY-ST-ZIP**

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 CITY-ST-ZIP**

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 CITY-ST-ZIP**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Change

**TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP**

TITLE Change

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**TITLE
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 STREET ADDRESS
 CITY-ST-ZIP**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 empowered.

SIGNATURE: [Signature] **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/00
 Date

863-682-7479
 Daytime Phone #