


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 20, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N99000007472**

1. Entity Name  
**WILDER TRACE OF CENTRAL FLORIDA HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business      Mailing Address

**6802 SHIMMERING DR  
 LAKELAND, FL 33813**      **6802 SHIMMERING DR  
 LAKELAND, FL 33813**

**DO NOT WRITE IN THIS SPACE**



01252006 No Chg-NP      CR2E037 (11/05)

4. FEI Number      Applied For  
**59-3432565**       Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**REHBERG, JAMES H  
 6802 SHIMMERING DR  
 LAKELAND, FL 33805**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**Filing Fee is \$61.25  
 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution       **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REHBERG, JAMES H 6802 SHIMMERING DR LAKELAND, FL 33805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOFFMAN, L.K. H P.O. BOX 7357 LAKELAND, FL 33807
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD REHBERG, LINDA J 6802 SHIMMERING LAKELAND, FL 33805
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 05/02/06-80129-023 61.25

**DO NOT WRITE IN THIS SPACE**

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 empowered.

SIGNATURE: *James H Rehberg*      Date: 4/14/06      Daytime Phone #: 863-646-8450

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR