


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90058 015 ****61.25

DOCUMENT # N99000007472

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



Principal Place of Business
**6802 SHIMMERING DR
 LAKELAND, FL 33813**

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

40020362



2. Principal Place of Business - No P.O. Box #
250 Canterwood Lane
 Suite, Apt. #, etc.

3. Mailing Address
SAME AS #2
 Suite, Apt. #, etc.

01132007 Chg-NP CR2E037 (12/06)

City & State
Mulberry, FL

City & State

Zip
33860 Country
USA

Zip Country

4. FEI Number
59-3432565

Applied For
 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**

**NEW ADDRESS
 James H. Rehberg
 250 Canterwood Lane
 Mulberry, FL 33860**

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. I am familiar with, and accept the obligations of registered agent

SIGNATURE *James H. Rehberg* DATE *2/14/07*

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2007**

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REHBERG, JAMES H 6802 SHIMMERING DR LAKELAND, FL 33805 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>250 Canterwood Lane</i> <i>Mulberry, FL 33860</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOFFMAN, L.K. H P.O. BOX 7367 LAKELAND, FL 33807 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD REHBERG, LINDA J 6802 SHIMMERING LAKELAND, FL 33805 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>250 Canterwood Lane</i> <i>Mulberry, FL 33860</i>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 *2/14/07* DAYTIME PHONE # *863-646-8450*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #