


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 19, 2008 8:00 am**  
**Secretary of State**

03-19-2008 90025 050 \*\*\*\*61.25

**DOCUMENT # N99000007472**  
 1. Entity Name  
**WILDER TRACE OF CENTRAL FLORIDA HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business  
**250 CANTERWOOD LN.  
 MULBERRY, FL 33860**

Mailing Address  
**250 CANTERWOOD LN.  
 MULBERRY, FL 33860**

2. Principal Place of Business - No P.O. Box #  
**2000 E. Edgewood Dr.,**  
 Suite, Apt. #, etc.  
**#214**

3. Mailing Address  
**Same**  
 Suite, Apt. #, etc.

City & State  
**Lakeland, FL**

City & State

Zip  
**33803**

Country  
**USA**

Zip  
 Country



01142008 Chg-NP CR2E037 (12/06)

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  
 250 CANTERWOOD LN  
 MULBERRY, FL 33860**

**7. Name and Address of New Registered Agent**

Name  
**Sandra Kiefer**

Street Address (P.O. Box Number is Not Acceptable)  
**467 Lindsey Drive**

City  
**Lakeland**

FL Zip Code  
**33809**

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 Sandra Kiefer DATE **3-5-08**  
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, 2008**

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 250 CANTERWOOD LN MULBERRY, FL 33860 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bernard Liebrecht -President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 8347 Mitchall Drive Lakeland, FL 33809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOFFMAN, L.K. H P.O. BOX 7357 LAKELAND, FL 33807 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Joseph E. Quinn 8324 Chance Drive Lakeland, FL 33809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD REHBERG, LINDA J 250 CANTERWOOD LN MULBERRY, FL 33860 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary-Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Sandra Kiefer 467 Lindsey Drive Lakeland, FL 33809
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
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
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: Sandra Kiefer DATE **3-5-08**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date/Time Phone #