

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000001197

**Entity Name:** WILDWOOD A/V RESIDENTS GROUP INC

**Current Principal Place of Business:**

827 HURON STREET  
WILDWOOD, FL 34785

**Current Mailing Address:**

503 SHAWN AVE.  
WILDWOOD, FL 34785 US

**FEI Number:** 26-1946918

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BAKER, THEODORE R  
810 NEW HAMPSHIRE AVE.  
WILDWOOD, FL 34785 US

*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

**Officer/Director Detail :**

Title            PRESIDENT  
Name            HOGAN, JOHN  
Address        825 MICHEGAN STRET  
City-State-Zip: WILDWOOD FL 34785

Title            VP  
Name            MOORE, VALERIE  
Address        812 HURON STREET  
City-State-Zip: WILDWOOD FL 34785

Title            SECRETARY  
Name            MOORE, VALERIE  
Address        812 HURON STREET  
City-State-Zip: WILDWOOD FL 34785

Title            D  
Name            ANNABELLE, BERGBIGLER  
Address        829 MICHIGAN STREET  
City-State-Zip: WILDWOOD FL 34785

Title            D  
Name            MILLS, JOAN  
Address        809 HURON STREET  
City-State-Zip: WILDWOOD FL 34785

Title            TREASURER  
Name            BULL, THOMAS A  
Address        813 HURON STREET.  
City-State-Zip: WILDWOOD FL

*I hereby 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 all other like empowered.*

**SIGNATURE:** THOMAS A. BULL

**TREASURER**

**04/13/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date