

2016 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:**HOGAN, JOHN K
825 MICHIGAN ST
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:** JOHN K HOGAN

03/26/2016

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 WINEGAR, CONNIE
Address 822 HURON STREET
City-State-Zip: WILDWOOD FL 34785

Title SECRETARY
Name HOGAN, SHARON K
Address 825 MICHIGAN ST
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 LINDENBERGER, BRENDA
Address 826 HURON STREET.
City-State-Zip: WILDWOOD FL 34785

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: JOHN K HOGAN

PRESIDENT

03/26/2016

Electronic Signature of Signing Officer/Director Detail

Date