## **2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000007472

Entity Name: WILDER TRACE OF CENTRAL FLORIDA HOMEOWNERS'

ASSOCIATION, INC.

**Current Principal Place of Business:** 

495 LINDSEY DRIVE LAKELAND, FL 33809

**Current Mailing Address:** 

PO BOX 57

KATHLEEN, FL 33849 US

FEI Number: 59-3432565 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TRAAS, NORMA 495 LINDSEY DRIVE LAKELAND, FL 33809 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: NORMA TRAAS 04/02/2020

Electronic Signature of Registered Agent

Officer/Director Detail:

Title SECRETARY Title DIRECTOR

Name WASCHEK, MITCH Name THERIAULT, ROGER

Address PO BOX 57 Address PO BOX 57

City-State-Zip: KATHLEEN FL 33849 City-State-Zip: KATHLEEN FL 33849

TitlePRESIDENTTitleTREASURERNameTRAAS, NORMANameJONES, LISAAddressPO BOX 57AddressPO BOX 57

City-State-Zip: KATHLEEN FL 33849 City-State-Zip: KATHLEEN FL 33849

Title PRESIDENT

Name GABBARD, JESSICA

Address PO BOX 57

City-State-Zip: KATHLEEN FL 33849

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: LISA A. JONES

Electronic Signature of Signing Officer/Director Detail

**TREASURER** 

04/02/2020

Date

FILED Apr 02, 2020

**Secretary of State** 

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