

2019 FLORIDA NOT FOR PROFIT CORPORATION AMENDED 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

12/20/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY
Name WASCHEK, MITCH
Address PO BOX 57
City-State-Zip: KATHLEEN FL 33849

Title DIRECTOR
Name THERIAULT, ROGER
Address PO BOX 57
City-State-Zip: KATHLEEN FL 33849

Title PRESIDENT
Name TRAAS, NORMA
Address PO BOX 57
City-State-Zip: KATHLEEN FL 33849

Title TREASURER
Name JONES, LISA
Address PO BOX 57
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: NORMA TRAAS

PRESIDENT

12/20/2019

Electronic Signature of Signing Officer/Director Detail

Date