

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000007472

**Entity Name:** WILDER TRACE OF CENTRAL FLORIDA HOMEOWNERS' ASSOCIATION, INC.

**FILED**  
**Mar 25, 2024**  
**Secretary of State**  
**3678957734CC**

**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**

**03/25/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title DIRECTOR  
Name CAREY, ROBERT  
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 WASCHEK, LAURA  
Address PO BOX 57  
City-State-Zip: KATHLEEN FL 33849

Title VP  
Name GILLIS, WAYLON  
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: LAURA WASCHEK**

**TREASURER**

**03/25/2024**

Electronic Signature of Signing Officer/Director Detail

Date