

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 21, 2008 8:00 am**  
**Secretary of State**

02-21-2008 90023 017 \*\*\*\*61.25

**DOCUMENT # 731606**

1. Entity Name

**WILDER BOULEVARD CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business

**325 WILDER BLVD. #A100  
DAYTONA BEACH FL 32114-7006**

Mailing Address

**325 WILDER BLVD. #A100  
DAYTONA BEACH FL 32114-7006**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1863966**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E037 (10/07)

6. Name and Address of Current Registered Agent

**SCHRAMM, RICHARD  
329 WILDER BLVD  
C101  
DAYTONA BEACH FL 32114**

7. Name and Address of New Registered Agent

Name

**RECINE, VITO**

Street Address (P.O. Box Number is Not Acceptable)

**329 WILDER BLVD C302**

**DAYTONA BEACH, FL**

City

**FL**

Zip Code

**32114**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Vito Recine*

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signatures required when reinstating)

**2-11-08**

DATE

**FILE NOW: FEE IS \$61.25**

**Due By May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to:  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
	<b>SCHRAMM, RICHARD N</b>	<b>329 WILDER BLVD C101</b>	<b>DAYTONA BEACH FL 32114</b>	
	<b>VP</b>			<input type="checkbox"/> Delete
	<b>RECINE, VITO</b>	<b>329 WILDER BLVD #302C</b>	<b>DAYTONA BEACH FL 32114</b>	
	<b>S</b>			<input type="checkbox"/> Delete
	<b>ALLEVA, MARION</b>	<b>327 WILDER BLVD #202B</b>	<b>DAYTONA BEACH FL 32114</b>	
	<b>P</b>			<input type="checkbox"/> Delete
	<b>ASHLEY, SHEILA</b>	<b>327 WILDER BLVD #203B</b>	<b>DAYTONA BEACH FL 32114</b>	
	<b>FAC</b>			<input type="checkbox"/> Delete
	<b>MORLEY, LAWRENECE</b>	<b>329 WILDER BLVD</b>	<b>DAYTONA BEACH FL 32114</b>	
				<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TREASURER</b>	<b>JUDY LISTON</b>	<b>327 WILDER BLVD B301</b>	<b>DAYTONA BEACH, FL 32114</b>	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Judy Liston* **JUDY LISTON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

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