2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2009
Secretary of State

DOCUMENT# 751736

Entity Name: WYLDEWOOD LAKES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

5879 WYLDEWOOD LAKES CT.
FT. MYERS, FL 33919 US

New Principal Place of Business:

Current Mailing Address:

12650 WHITEHALL DRIVE
FT. MYERS, FL 33907 US

New Mailing Address:

FEI Number: 59-2186997 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VANDALL, BONITA D
12650 WHITEHALL DRIVE
FT. MYERS, FL 33907 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ROUSE, RUDOLPH
Address: 5855 WYLDEWOOD LAKES CT
City-St-Zip: FORT MYERS, FL 33919

Title: TD ( ) Delete
Name: SIMPSON, GAYLE
Address: 5848 WYLDEWOOD LAKES CT
City-St-Zip: FORT MYERS, FL 33919

Title: SD ( ) Delete
Name: LEE, PHYLLIS
Address: 5880 WILD OLIVE TERR
City-St-Zip: FT. MYERS, FL 33919

Title: VD ( ) Delete
Name: KRICK, TOM
Address: 5853 WYLDEWOOD LAKES CT
City-St-Zip: FT. MYERS, FL 33919

Title: D ( ) Delete
Name: HELO, CONSTANCE
Address: 5880 WYLDEWOOD LAKES CT
City-St-Zip: FORT MYERS, FL 33919

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: ROUSE, RUDOLPH
Address: 5855 WYLDEWOOD LAKES CT
City-St-Zip: FORT MYERS, FL 33919

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change ( ) Addition
Name: JORDAN, JAMES
Address: 5880 SAND OAK DR
City-St-Zip: FT. MYERS, FL 33919

Title: P (X) Change ( ) Addition
Name: PARDO, RAY
Address: 5857 WYLDEWOOD LAKES CT
City-St-Zip: FORT MYERS, FL 33919

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: RAY PARDO PRES 01/15/2009
Electronic Signature of Signing Officer or Director — Date