FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 MAY 10 PM 3:30

DOCUMENT # **763817** **(4)**

1. Corporation Name
WILDWOOD VILLAS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
58 WILDWOOD TR. ORMOND BEACH FL 32174	58 WILDWOOD TR. ORMOND BEACH FL 32174

3. Date Incorporated or Qualified: **06/18/1982**
3a. Date of Last Report: **05/19/1995**

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

4. FEI Number: **59-2607763** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

PALMETTO CHARTER SERVICES, INC.
150 MAGNOLIA AVE.
P.O.BOX 191
DAYTONA BCH. FL 32014

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	HICKEY, SANDRA		12 NAME	000001825810
STREET ADDRESS	20 WILDWOOD TRAIL		13 STREET ADDRESS	-05/17/96--01004--009
CITY-ST-ZIP	ORMOND BEACH FL		14 CITY-ST-ZIP	*****61.25 *****61.25
TITLE	VD	☒ DELETE	21 TITLE	VD ☐ Change ☒ Addition
NAME	BELL, GAYLE		22 NAME	Bill Fergensen
STREET ADDRESS	38 WILDWOOD TAIL		23 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BCH FL		24 CITY-ST-ZIP	~~Ormond Bch FL~~
TITLE	TD	☐ DELETE	31 TITLE	VD ☐ Change ☒ Addition
NAME	ROSELL, ROGER		32 NAME	Bill Ferguson
STREET ADDRESS	42 WILDWOOD TRAIL		33 STREET ADDRESS	26 Wildwood Trail
CITY-ST-ZIP	ORMOND BEACH FL		34 CITY-ST-ZIP	Ormond Beach FL 32174
TITLE	D	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	ENGLAND, WILVUR		42 NAME	
STREET ADDRESS	30 WILDWOOD TRAIL		43 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL		44 CITY-ST-ZIP	
TITLE	DS	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME	RAY, GLORIA		52 NAME	
STREET ADDRESS	11 WILDWOOD TRAIL		53 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL		54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: J D Rosell Treasurer 5/6/96 904-676-0760
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Roger T. Rosell Jr. 904-445-0311