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Jan 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

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 32174-4346

3. Date Incorporated or Qualified: 06/18/1982
3a. Date of Last Report: 05/10/1996

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
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	1.1 TITLE	RESIDENT DIRECTOR (P.D.	☐ Change ☒ Addition
NAME	HICKEY, SANDRA		1.2 NAME	WILLIAM H FOLEY	
STREET ADDRESS	20 WILDWOOD TRAIL		1.3 STREET ADDRESS	25 WILDWOOD TRAIL	
CITY-ST-ZIP	ORMOND BEACH FL		1.4 CITY-ST-ZIP	ORMOND BEACH, FL. 32174	
TITLE	TD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	FERGUSON, BILL		2.2 NAME		
STREET ADDRESS	26 WILDWOOD TRAIL		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BCH FL 32174		2.4 CITY-ST-ZIP		
TITLE	VP	☒ DELETE	3.1 TITLE	VP	☒ Change ☐ Addition
NAME	ROSELL, ROGER		3.2 NAME	ROGER ROSELI	
STREET ADDRESS	42 WILDWOOD TRAIL		3.3 STREET ADDRESS	42 WILDWOOD TRAIL	
CITY-ST-ZIP	ORMOND BEACH FL		3.4 CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	D	☒ DELETE	4.1 TITLE	DS.	☒ Change ☐ Addition
NAME	ENGLAND, WILVUR		4.2 NAME	DONALD HOPKINS	
STREET ADDRESS	30 WILDWOOD TRAIL		4.3 STREET ADDRESS	15 WILDWOOD TRAIL	
CITY-ST-ZIP	ORMOND BEACH FL		4.4 CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	DS	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	RAY, GLORIA		5.2 NAME	GRACE LAVOR	
STREET ADDRESS	11 WILDWOOD TRAIL		5.3 STREET ADDRESS	46 WILDWOOD TRAIL	
CITY-ST-ZIP	ORMOND BEACH FL		5.4 CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: William H Foley WILLIAM H. FOLEY 1/8/97 904-673-1369
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone 0003403