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NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **763817**

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

2. Principal Place of Business 21 58 WILDWOOD TRAIL Suite, Apt. #, etc. 22 City & State 23 ORMOND BEACH Zip / Country 24 32174 25 VOLUSIA	2a. Mailing Address 26 SAME Suite, Apt. #, etc. 27 City & State 28 FL. Zip / Country 29 32174 30 VOLUSIA.	3. Date Incorporated or Qualifed 06/18/1982 4. FEI Number 59-2607763. ☐ Applied For ☐ Not Applicable 5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. **Name and Address of Current Registered Agent**

FERGUSON, WILLIAM S
%LLOYD BUICK CADILLAC, INC.
354 N. BEACH ST.
DAYTONA BEACH FL 32114

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 William S. Ferguson 1/5/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FOLEY, WILLIAM H 25 WILDWOOD TRAIL ORMOND BEACH FL	☑ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD ROBERT ALLATIN 34 WILDWOOD TRAIL ORMOND BEACH FL 32174	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD FERGUSON, BILL 26 WILDWOOD TRAIL ORMOND BCH FL 32174	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP RAY, GLORIA 11 WILDWOOD TRAIL ORMOMD BEACH FL 32174	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS HOPKINS, DONALD 15 WILDWOOD TRAIL ORMOND BEACH FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VOIGT, EMILY 22 WILDWOOD TRAIL ORMOND BEACH FL 32174	☑ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D FOLEY WILLIAM H. 25 WILDWOOD TRAIL ORMOND BEACH FL 32174	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MASON, PRICILLA 21 WILDWOOD TRAIL ORMOND BEACH FL 32174	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: William H Foley William H Foley 1/6/99 (407)673-1354
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #