2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2009
Secretary of State

DOCUMENT# 763817

Entity Name: WILDWOOD VILLAS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

58 WILDWOOD TR.
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

58 WILDWOOD TR.
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: 59-2607763 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NELSON, LYNNE J
19 ELLINGTON DR.
PALM COAST, FL 32164 US

Name and Address of New Registered Agent:

NELSON, LYNNE J
1124 GLENGAD RUN
ORMOND BEACH, FL 32174 US

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: J LYNNE NELSON 01/15/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: FOLEY, WILLIAM
Address: 25 WILDOWOOD TR
City-St-Zip: ORMOND BEACH, FL 32174

Title: VPD ( ) Delete
Name: FERGUSON, WILLIAM
Address: 26 WILDOWOOD TR
City-St-Zip: ORMOND BEACH, FL 32174

Title: PD ( ) Delete
Name: DON, HOPKINS
Address: 15 WILDWOOD TR.
City-St-Zip: ORMOND BEACH, FL 32174

Title: STD ( ) Delete
Name: RAY, GLORIA
Address: 11 WILDWOOD TR
City-St-Zip: ORMOND BEACH, FL 32174

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: ALLATIN, ROBERT
Address: 34 WILDWOOD TR
City-St-Zip: ORMOND BEACH, FL 32174

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

Title: PD (X) Change ( ) Addition
Name: HOPKINS, DON
Address: 15 WILDWOOD TR.
City-St-Zip: ORMOND BEACH, FL 32174

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

Title: DIR ( ) Change (X) Addition
Name: SMITH, NANCY
Address: 23 WILDWOOD TRAIL
City-St-Zip: ORMOND BEACH, FL 32174

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: DON HOPKINS PRES 01/15/2009
Electronic Signature of Signing Officer or Director Date