2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 763817

1. Entity Name

Principal Place of Rusiness

WILDWOOD VILLAS HOMEOWNERS ASSOCIATION, INC.

FILED Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90464 012 ****61.25

| 50 MS BM | 200 of Edginess | mailing Address | - | | | | | | |
|--|--|---|---|-------------------|--|---|--|--|--|
| 58 WILDWOOD TR. ORMOND BEACH FL 32174 | | 58 WILDWOOD TR. ORMOND BEACH FL 3217 | 58 WILDWOOD TR. ORMOND BEACH FL 32174 | | | | | | |
| | | | | | 1 1 16 0111 14 8 18 1 | NAME OTANIA AMBANDA AMBANA AMB | Bi biri biri diri biri biri | 81811 B1811 1881 | |
| 2. Principal | Place of Business | 3. Mailing Address | Mailing Address | | | | | | |
| _ Same as above | | Same as above | _ | | 1 100111 10010 1 | | ot etolt etski bibli filbli | LOUGH TOOM HOO | |
| Suite, Apt. #; etc. | | Suite, Apt. #, etc. | | | ┥ _ | | | | |
| | | | | | | CHECK HERE IF | MAKING CHANGE | ES | |
| City & State | | City & State | City & State | | 4. FEI Number 59-2607763 Applied | | | Applied For | |
| Zip | | | | | | | 🗖 | Not Applicable | |
| ZIμ | Country | Zip | Country | | 5. Certificate of S | tatus Desired | \$8.75 | | |
| | 6. Name and Address of Cu | rrent Registered Agent | 2 cm2 = 1, 200 = 1 | | 7. Name and Address of New Registered Agent | | | | |
| " | | | Name | | 7. Name and Add | ress of New Reg | istered Agent | | |
| RAY. GI | LORIA B | | | | e Nelson M | at Agent | | | |
| | OWOOD TRAIL | | Street | t Address (P | e Nelson M O Box Numberish ington Driv | ot Acceptable) | · | | |
| | ID BEACH FL 32174 | | | | | | | | |
| 011111011 | DE CONTE CETT | | | Palm Co | oast Fl. 32 | 2164 | | | |
| | | | City | | | - | FL Zip Co | ode | |
| 8. The abov | e named entity submits this stateme | ent for the purpose of changing its | registered office | | 4 | | | | |
| the obliga | e named entity submits this statementations of registered agent. | on the purpose of changing its | registered office | or registere | d agent, or both, in | the State of Florida | I am familiar with | h, and accept | |
| | | J. Lynne Nels | son | | | | | | |
| SIGNATURE | <u> </u> | | ,,,, | | | 1/8 | 3/03 | | |
| | Signature, typed or printed name of registered | agent and title if applicable. (NOTE | : Registered Agent sign | nature required w | hen reinstating) | ······································ | DATE | | |
| | | | | | | | DATE | | |
| ţ. | FILE NOW: FEE IS \$61.25 | 9. Election Can | naign Financing | | NE 00 | Mala | Observation of the | _ | |
| | FILE NOW: FEE 15 \$61.25 | Trust Fund C | 9. Election Campaign Financing Trust Fund Contribution. | | | \$5.00 May Be Added to Fees Make Check Payable to Florida Department of State | | | |
| • | | * | | | idded to Fees | Fioriga | Department of | State | |
| 10. | OFFICERS AND | DIRECTORS | 11. | A | DITIONS/CHANGE | S TO OFFICERS | AND DIRECTORS | N 10 | |
| TITLE | PD | XX Delete | TITLEPres: | | in Gage | EG TO OTT TOLING | Change | | |
| NAME | COX, ANNE | | NAME | | iverridge | Trail | | VIVI Addition | |
| STREET ADDRESS | 3 WILDWOOD TRAIL | | STREET ADDRESS | | nd Beach F | | | | |
| CITY-ST-ZIP | ORMOND BEACH FL 32174 | | CITY-ST-ZIP | I OT IIIO | nu beach r | 11 321/4 | | | |
| TITLE | TD | ☐ Delete | TITLE VP7D | 11277 | · | · | | | |
| NAME | RAY, GLORIA B | | NAME | WILL | iam Fergus | on | ☐ Change | χ(X) Addition | |
| STREET ADDRESS | 11 WILDWOOD TRAIL | • | STREET ADDRESS | | ildwood Tr | | | | |
| CITY-ST-ZIP | ORMOND BCH FL 32174 | | CITY-ST-ZIP | Urmo | nd Beach F | 1. 32174 | | | |
| TITLE | D | ∑X _{Delete} | TITLET-/D | | | | X[X] Change | | |
| NAME | KIEL, JOHN | | NAME | Glor | ia Ray 📑 | | VIVI Cuange | Addition | |
| STREET ADDRESS | 32 WILDWOOD TRAIL | | STREET ADDRESS | | ildwood Tr | | | | |
| CITY-ST-ZIP | ORMOMD BEACH FL 32174 | | CITY-ST-ZIP | 0rmo | nd Beach F | 1. 32174 | | | |
| ITLE | VP | XX Delete | TITLE | <u> </u> | - | * | Change | | |
| IAME | NAPE, SYLVIA | | NAME | | | | ☐ Change | ☐ Addition | |
| TREET ADDRESS | 7 WILDWOOD TRAIL | | STREET ADDRESS | | | | | | |
| ITY-ST-ZIP | ORMOND BEACH FL 32174 | | CITY-ST-ZIP | 1 | | | | | |
| ITLE | DS | Delete | TITLE | † | | | Chan | —————————————————————————————————————— | |
| AME | SMITH, NANCY | | NAME | | | | ☐ Change | ☐ Addition | |
| TREET ADDRESS | 23 WILDWOOD TRAIL | | STREET ADDRESS | 1 | | | | | |
| ITY-ST-ZIP | ORMOND BEACH FL 32174 | | CITY-ST-ZIP | | | | | | |
| TLE | DS | No Delete | TITLE | † · • | | | D 01 | | |
| AME | WOMBLE, BRENDA | XX0elete | NAME | | | | ☐ Change | ☐ Addition | |
| TREET ADDRESS | 20 WILDWOOD TRAIL | | STREET ADDRESS | | | | | | |
| TY-ST-ZIP | ORMOND BEACH FL 32174 | | CITY-ST-ZIP | | | | | - | |
| | | | | | | | | , | |

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, win all other like empowered.

Martin Gag

GNATURE: SIGNATURE:

(386) 673-0855