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

FILED
Jan 13, 2003 8:00 am
Secretary of State
01-13-2003 90464 012 ****61.25

DOCUMENT # 763817

1. Entity 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

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Same as above	Same as above
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

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

6. Name and Address of Current Registered Agent

RAY, GLORIA B
11 WILDWOOD TRAIL
ORMOND BEACH FL 32174

7. Name and Address of New Registered Agent

Name: J.Lynne Nelson Mgt. Agent
Street Address (P.O. Box Number is Not Acceptable): 19 Ellington Drive
Palm Coast Fl. 32164
City: FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: J. Lynne Nelson 1/8/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD COX, ANNE 3 WILDWOOD TRAIL ORMOND BEACH FL 32174	XX Delete	TITLE Pres: / NAME / STREET ADDRESS / CITY-ST-ZIP	Martin Gage 32 Riverridge Trail Ormond Beach Fll 32174	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD RAY, GLORIA B 11 WILDWOOD TRAIL ORMOND BCH FL 32174	☐ Delete	TITLE VP/D / NAME / STREET ADDRESS / CITY-ST-ZIP	William Ferguson 26 Wildwood Trail Ormond Beach Fl. 32174	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KIEL, JOHN 32 WILDWOOD TRAIL ORMOMD BEACH FL 32174	XX Delete	TITLE T/D / NAME / STREET ADDRESS / CITY-ST-ZIP	Gloria Ray 11 Wildwood Trail Ormond Beach Fl. 32174	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP NAPE, SYLVIA 7 WILDWOOD TRAIL ORMOND BEACH FL 32174	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS SMITH, NANCY 23 WILDWOOD TRAIL ORMOND BEACH FL 32174	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS WOMBLE, BRENDA 20 WILDWOOD TRAIL ORMOND BEACH FL 32174	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

12. 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 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, with all other like empowered.

SIGNATURE: Martin Gage SIGNATURE REQUIRED 1/8/03 (386) 673-0855
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR