

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 765486

FILED
May 01, 2002 8:00 AM
Secretary of State

Entity Name: WILDWOOD LAKES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

25 E NINE MILE RD.
PENSACOLA, FL 32534

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 7117
PENSACOLA, FL 32534

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRIDGEN, HAROLD
25 E NINE MILE RD.
PENSACOLA, FL 32534 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PRIDGEN, HAROLD,
Address: 25 E NINE MILE RD.
City-St-Zip: PENSACOLA, FL 32534

Title: VD () Delete
Name: CHAREST, SHERRY
Address: 25 E NINE MILE RD.
City-St-Zip: PENSACOLA, FL 32534

Title: SD () Delete
Name: O'DONOVAN, SHEILA,
Address: 25 E NINE MILE RD.
City-St-Zip: PENSACOLA, FL 32534

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: HAROLD PRIDGEN

PD

05/01/2002

Electronic Signature of Signing Officer or Director

Date