


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90184 007 \*\*\*150.00

<b>DOCUMENT # J61046</b> 1. Entity Name WILDERS MOBILE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 770 32ND AVE., SOUTH LOT 500A ST. PETERSBURG, FL 33705			Mailing Address P O BOX 11808 SAINT PETERSBURG, FL 33733		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 770 32nd Ave. S.			
Suite, Apt. #, etc.		Suite, Apt. #, etc. # 500A			
City & State		City & State St. Petersburg, FL		4. FEI Number 59-2824208	
Zip		Zip 33705		Country USA	
6. Name and Address of Current Registered Agent  MCLACHLAN, BRYAN K 7985 113 STREET N SEMINOLE, FL 33775				7. Name and Address of New Registered Agent Name <u>Sylvia Chesser</u> Street Address (P.O. Box Number is Not Acceptable) <u>7341 81st Terr. N. #27</u> City <u>Pinellas Park</u> <u>FL</u> Zip Code <u>33781</u>	
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 <u>Sylvia Chesser</u> <u>Sylvia Chesser</u> <u>4/23/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD LABBE, ANDRE 2973 CH DUS AULNES, ST NEREE QUEBEC, CANADA, j1n 1r1	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LECOMPT, JACQUES 600 RUE ALAIN APT 405 STE FOY QUEBEC CANADA, g1x 4j9	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TARDIF, BLONDIN 5125 BELLECHASSE CANADA, h1t 2a5	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D D'ALFONSO, JEANNE D 346 LULLI ST APT 6 LAVAL QUEBEC CANADA, h7n 5n7	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAVEL, MADELEINE 435 FABERT STE DOROTHEA LAVAL QUEBEC CANADA, h7x 2r8	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LAFLAMME, LEONARD 101 DULAC, APT 107 DEAUVILLE QUEBEC CANADA, j1n 3m7	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D Hansley, Marcia 532 E. Green Bay Rd. Saukville, WI 53080				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Seguin, Gerald 342 Blvd. Roland-Durand Rosemere, Quebec, Can. J7A 4J5				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, 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.					
<b>SIGNATURE:</b> <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					

ATTACHMENT  
40085344  
# 161046

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Cardinal, Claude 2456 Ch. Du Lac Cote St. Foy, Quebec, Can. G2E 3L9 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Keller, Denise 3109 Lewis Rd. Columbus, OH 43207 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Pelchat, Gerard 610 rue Riel Sherbrooke, Quebec, Can. J1H 5P7 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	    <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	    <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	    <input type="checkbox"/> Change <input type="checkbox"/> Addition