


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N00000008430 1. Entity Name HOMEOWNERS' ASSOCIATION OF WILDER CREEK, INC.	
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Principal Place of Business 2369 CANOPY LANE PERRY, FL 32347	Mailing Address 2369 CANOPY LANE PERRY, FL 32347
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03082006 No Chg-NP CRZE037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3696612	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HAGBERG, CATHERINE S 2369 CANOPY LANE PERRY, FL 32347

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	DATE 03/22/06-80055-012 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS HAGBERG, CATHERINE S 2369 CANOPY LANE PERRY, FL 32347
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEE, JIM 2500 S CROOKED CREEK DRIVE PERRY, FL 32347
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOLLERMAN, PAUL 2628 N CROOKED CREEK DR PERRY, FL 32347
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOLLERMAN, PAUL 2628 N CROOKED CREEK DR PERRY, FL 32347
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 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: *Catherine S. Hagberg* **Catherine S. Hagberg**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____