

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2007 08:00 AM
Secretary of State

DOCUMENT # N00000008430

1. Entity Name
HOMEOWNERS' ASSOCIATION OF WILDER CREEK, INC.



Principal Place of Business

**2369 CANOPY LANE
PERRY, FL 32347**

Mailing Address

**2369 CANOPY LANE
PERRY, FL 32347**



02082007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3696612

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$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)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	TS
NAME	HAGBERG, CATHERINE S
STREET ADDRESS	2369 CANOPY LANE
CITY-ST-ZIP	PERRY, FL 32347
TITLE	VD
NAME	LEE, JIM
STREET ADDRESS	2500 S CROOKED CREEK DRIVE
CITY-ST-ZIP	PERRY, FL 32347
TITLE	P
NAME	BOLLERMAN, PAUL
STREET ADDRESS	2628 N CROOKED CREEK DR
CITY-ST-ZIP	PERRY, FL 32347
TITLE	D
NAME	BOLLERMAN, PAUL
STREET ADDRESS	2628 N CROOKED CREEK DR
CITY-ST-ZIP	PERRY, FL 32347
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/01/07-80052-022 61.25

**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

2/8/07

850-584-8158

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #