

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 30, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N01000008531**

1. Entity Name  
**WILDER'S POND HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**106 WEST GRANT STREET  
PLANT CITY, FL 33566**

Mailing Address  
**106 WEST GRANT STREET  
PLANT CITY, FL 33566**

**DO NOT WRITE IN THIS SPACE**



01072004 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**80-0038584**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**GIBBS, KEN A  
106 WEST GRANT STREET  
PLANT CITY, FL 33566**

**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 reelecting)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

000000023272  
02/02/04-80019-022 61.25

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	GIBBS, KEN A
STREET ADDRESS	106 WEST GRANT STREET
CITY-STATE-ZIP	PLANT CITY, FL 33566
TITLE	D
NAME	SHUMP, JAMES R
STREET ADDRESS	106 WEST GRANT STREET
CITY-STATE-ZIP	PLANT CITY, FL 33566
TITLE	D
NAME	VERNER, EDWARD M
STREET ADDRESS	110 EAST REYNOLDS STREET, SUITE 700
CITY-STATE-ZIP	PLANT CITY, FL 33566
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #