

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 8:00 am
Secretary of State

03-20-2006 90009 019 ****61.25

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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 80-0038584	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GIBBS, KEN A 106 WEST GRANT STREET PLANT CITY, FL 33566			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$81.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GIBBS, KEN A 106 WEST GRANT STREET PLANT CITY, FL 33566	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
D SHUMP, JAMES R 106 WEST GRANT STREET PLANT CITY, FL 33566	<input type="checkbox"/> Delete	PLANT CITY, FL 33563	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
D VERNER, EDWARD M 110 EAST REYNOLDS STREET, SUITE 700 PLANT CITY, FL 33566	<input type="checkbox"/> Delete	PLANT CITY, FL 33563	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
D (Empty)	<input type="checkbox"/> Delete	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
(Empty)	<input type="checkbox"/> Delete	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
(Empty)	<input type="checkbox"/> Delete	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: _____			3/14/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		