

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002718

FILED  
Mar 09, 2009  
Secretary of State

**Entity Name:** WHEELERS LANDING HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

2004 HIGHVIEW FALL PLACE  
BRANDON, FL 33510

**New Principal Place of Business:**

**Current Mailing Address:**

2004 HIGHVIEW FALL PLACE  
BRANDON, FL 33510

**New Mailing Address:**

**FEI Number:** 02-0589625

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LAY, RONALD D  
2004 HIGHVIEW FALL PLACE  
BRANDON, FL 33510 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: DALY, MARK  
Address: 2003 HIGHVIEW FALL PLACE  
City-St-Zip: BRANDON, FL 33510

Title: D ( ) Delete  
Name: LAY, RONALD  
Address: 2004 HIGHVIEW FALL PLACE  
City-St-Zip: BRANDON, FL 33510

Title: D ( ) Delete  
Name: WHITE, ANNE  
Address: 2022 HIGHVIEW FALL PLACE  
City-St-Zip: BRANDON, FL 33510

Title: D ( ) Delete  
Name: WEITZEL, LEAH  
Address: 1215 LAKE HIGHVIEW  
City-St-Zip: BRANDON, FL 33510

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: PARICHKOV, JOANNA  
Address: 1220 LAKE HIGHVIEW  
City-St-Zip: BRANDON, FL 33510

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: ANDERSON, DAVID  
Address: 2018 HIGHVIEW FALL PLACE  
City-St-Zip: BRANDON, FL 33510

Title: D (X) Change ( ) Addition  
Name: PETERS, SHELAINA  
Address: 1216 LAKE HIGHVIEW  
City-St-Zip: BRANDON, FL 33510

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RONALD LAY

D

03/09/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date