

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003850

FILED
Apr 19, 2009
Secretary of State

Entity Name: WILDER BROOKE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

8441 SPLIT CREEK CIRCLE
LAKELAND, FL 33809

New Principal Place of Business:

8340 SPLIT CREEK CIR
LAKELAND, FL 33809

Current Mailing Address:

8441 SPLIT CREEK CIRCLE
LAKELAND, FL 33809

New Mailing Address:

8340 SPLIT CREEK CIR
LAKELAND, FL 33809

FEI Number: 05-0568250

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREEN, JEFFRY S
8441 SPLIT CREEK CIRCLE
LAKELAND, FL 33809 US

Name and Address of New Registered Agent:

LOCKAMY, TONYA L
8340 SPLIT CREEK CIR
LAKELAND, FL 33809 US

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: TONYA LOCKAMY

04/19/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: GREEN, JEFFRY S
Address: 8441 SPLIT CREEK CIRCLE
City-St-Zip: LAKELAND, FL 33809

Title: V.P. () Delete
Name: NANCE, WILLIAM
Address: 8305 SPLIT CREEK CIRCLE
City-St-Zip: LAKELAND, FL 33809

Title: TREA () Delete
Name: SUTTON, JESSICA
Address: 8436 SPLIT CREEK CIRCLE
City-St-Zip: LAKELAND, FL 33809

Title: SEC () Delete
Name: GREEN, DAWN
Address: 8441 SPLIT CREEK CIRCLE
City-St-Zip: LAKELAND, FL 33809

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: GREEN, JEFFRY S
Address: 8441 SPLIT CREEK CIRCLE
City-St-Zip: LAKELAND, FL 33809

Title: PRES (X) Change () Addition
Name: TONYA, LOCKAMY
Address: 8340 SPLIT CREEK CIR
City-St-Zip: LAKELAND, FL 33809

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

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

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: TONYA LOCKAMY

PRES

04/19/2009

Electronic Signature of Signing Officer or Director

Date