

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90821 049 ****61.25

DOCUMENT # N02000005069

1. Entity Name

WILDS PLANTATION HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

4400 NW 36TH AVE
GAINESVILLE FL 32606

4400 NW 36TH AVE
GAINESVILLE FL 32606

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

57-1176534

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E037 (10/06)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TRIPPE, PAT
C/O MANAGEMENT SPECIALISTS
4400 NW 36TH AVENUE
GAINESVILLE FL 32606

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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 P ☐ Delete
NAME FARRIS, MARK
STREET ADDRESS 2813 SW 103RD STREET
CITY-ST-ZIP GAINESVILLE FL 32607

TITLE D ☒ Change ☐ Addition
NAME FARRIS, MARK
STREET ADDRESS 2813 SW 103rd Street
CITY-ST-ZIP Gainesville, FL 32607

TITLE T ☐ Delete
NAME RUTENBERG, BARRY
STREET ADDRESS P.O. BOX 358080
CITY-ST-ZIP GAINESVILLE FL 32607

TITLE T ☒ Change ☐ Addition
NAME RUTENBERG, BARRY
STREET ADDRESS P.O. BOX 358080
CITY-ST-ZIP GAINESVILLE, FL 32607

TITLE S ☐ Delete
NAME BULLARD, BARRY
STREET ADDRESS 126 NW 76 DRIVE, SUITE A
CITY-ST-ZIP GAINESVILLE FL 32607

TITLE D ☒ Change ☐ Addition
NAME BULLARD, BARRY
STREET ADDRESS 126 NW 76 DRIVE, SUITE A
CITY-ST-ZIP Gainesville, FL 32607

TITLE D ☐ Delete
NAME WATERS, TOMMY
STREET ADDRESS 3145 SW 103RD STREET
CITY-ST-ZIP GAINESVILLE FL 32607

TITLE P ☐ Change ☒ Addition
NAME LORE, PETER
STREET ADDRESS 10316 SW 30 LANE
CITY-ST-ZIP GAINESVILLE, FL 32607

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Change ☒ Addition
NAME DISTEFANO, MELISSA
STREET ADDRESS 10348 SW 32 Avenue
CITY-ST-ZIP GAINESVILLE, FL 32607

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME MASON, RICK
STREET ADDRESS 10357 SW 30 LANE
CITY-ST-ZIP GAINESVILLE, FL 32607

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT

40092211

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **D** ☒ Addition
NAME: **LOEFFLER, TODD**
STREET ADDRESS: **10388 SW 32 AVENUE**
CITY-ST-ZIP: **GAINESVILLE, FL 32607**

TITLE: **D** ☒ Addition
NAME: **NAPPO, ROBERT**
STREET ADDRESS: **3380 SW 103 LANE**
CITY-ST-ZIP: **GAINESVILLE, FL 32607**