

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005069

FILED
Jan 18, 2008
Secretary of State

Entity Name: WILDS PLANTATION HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4400 NW 36TH AVE
GAINESVILLE, FL 32606

New Principal Place of Business:

5208 SW 91ST DRIVE
SUITE D
GAINESVILLE, FL 32608

Current Mailing Address:

4400 NW 36TH AVE
GAINESVILLE, FL 32606

New Mailing Address:

5208 SW 91ST DRIVE
SUITE D
GAINESVILLE, FL 32608

FEI Number: 57-1176534

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

TRIPPE, PAT
5208 SW 91ST DRIVE
SUITE D
GAINESVILLE, FL 32608 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: _____

01/18/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FARRIS, MARK
Address: 2813 SW 103RD STREET
City-St-Zip: GAINESVILLE, FL 32607

Title: T () Delete
Name: RUTENBERG, BARRY
Address: P.O. BOX 358080
City-St-Zip: GAINESVILLE, FL 32607

Title: D () Delete
Name: BULLARD, BARRY
Address: 126 NW 76 DRIVE, SUITE A
City-St-Zip: GAINESVILLE, FL 32607

Title: D () Delete
Name: WATERS, TOMMY
Address: 3145 SW 103RD STREET
City-St-Zip: GAINESVILLE, FL 32607

Title: P () Delete
Name: LORE, PETER
Address: 10316 SW 30TH LN
City-St-Zip: GAINESVILLE, FL 32607

Title: VP () Delete
Name: DISTEFANO, MELISSA
Address: 10348 SW 32ND AVE
City-St-Zip: GAINESVILLE, FL 32607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: ALLOCCO, CATHY
Address: 3227 SW 103RD STREET
City-St-Zip: GAINESVILLE, FL 32607

Title: D (X) Change () Addition
Name: RUTENBERG, BARRY
Address: P.O. BOX 358080
City-St-Zip: GAINESVILLE, FL 32607

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

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

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: PETER LORE

PD

01/18/2008

Electronic Signature of Signing Officer or Director

Date