


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 04, 2008 8:00 am**  
**Secretary of State**

02-04-2008 90050 018 \*\*\*\*61.25

|  |                       |  |   |  |  |
|--|-----------------------|--|---|--|--|
| <b>DOCUMENT # N03000000606</b>   |                       |  |   |         |  |
| 1. Entity Name<br>WILDWOOD-HAMILTON HOMEOWNERS' ASSOCIATION, INC.  |                       |  |   |  |  |
| Principal Place of Business<br>1826 SOUTHWEST STATE ROAD 47<br>LAKE CITY, FL 32025   |                       |  | Mailing Address<br>PO BOX 1733<br>LAKE CITY, FL 32056 |  |  |
| 2. Principal Place of Business - No P.O. Box #   |                       | 3. Mailing Address   |   |  |  |
| Suite, Apt. #, etc.  |                       | Suite, Apt. #, etc.  |   |  |  |
| City & State   |                       | City & State   |   | 4. FEI Number<br>20-0818120  |  |
| Zip  |                       | Country  |   | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |  |
| 6. Name and Address of Current Registered Agent  |                       |  | 7. Name and Address of New Registered Agent           |  |  |
| BULLARD, ANDREY S<br>1826 SOUTHWEST STATE ROAD 47<br>LAKE CITY, FL 32025   |                       |  | 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) DATE _____  |                       |  |   |  |  |
| Filing Fee is \$81.25 Due by May 1, 2008   |                       | 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  | DP                    | <input type="checkbox"/> Delete  | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME   | BULLARD, AUDREY S     |  | NAME  |  |  |
| STREET ADDRESS   | 1826 SW STATE ROAD 47 |  | STREET ADDRESS  |  |  |
| CITY-ST-ZIP  | LAKE CITY, FL 32025   |  | CITY-ST-ZIP   |  |  |
| TITLE  | DS                    | <input checked="" type="checkbox"/> Delete   | TITLE   | DS   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME   | DENUNE, HARRY C       |  | NAME  | Hanover, Holly   |  |
| STREET ADDRESS   | 1826 SW STATE ROAD 47 |  | STREET ADDRESS  | PO Box 1733  |  |
| CITY-ST-ZIP  | LAKE CITY, FL 32025   |  | CITY-ST-ZIP   | Lake City, FL 32056  |  |
| TITLE  | DV                    | <input type="checkbox"/> Delete  | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME   | BULLARD, CHRIS A      |  | NAME  |  |  |
| STREET ADDRESS   | 520 S MARION ST       |  | STREET ADDRESS  |  |  |
| CITY-ST-ZIP  | LAKE CITY, FL 32055   |  | CITY-ST-ZIP   |  |  |
| TITLE  |                       | <input type="checkbox"/> Delete  | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME   |                       |  | NAME  |  |  |
| STREET ADDRESS   |                       |  | STREET ADDRESS  |  |  |
| CITY-ST-ZIP  |                       |  | CITY-ST-ZIP   |  |  |
| TITLE  |                       | <input type="checkbox"/> Delete  | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME   |                       |  | NAME  |  |  |
| STREET ADDRESS   |                       |  | STREET ADDRESS  |  |  |
| CITY-ST-ZIP  |                       |  | CITY-ST-ZIP   |  |  |
| TITLE  |                       | <input type="checkbox"/> Delete  | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME   |                       |  | NAME  |  |  |
| STREET ADDRESS   |                       |  | STREET ADDRESS  |  |  |
| CITY-ST-ZIP  |                       |  | CITY-ST-ZIP   |  |  |
| 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: _____   |                       | Date: 1/30/08  |   | Daytime Phone # _____  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |                       |  |   |  |  |