

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 19, 2009
Secretary of State**

DOCUMENT# N03000000606

Entity Name: WILDWOOD-HAMILTON HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

1826 SOUTHWEST STATE ROAD 47
LAKE CITY, FL 32025

New Principal Place of Business:

Current Mailing Address:

PO BOX 1733
LAKE CITY, FL 32056

New Mailing Address:

FEI Number: 20-0818120 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BULLARD, ANDREY S
1826 SOUTHWEST STATE ROAD 47
LAKE CITY, FL 32025 US

Name and Address of New Registered Agent:

BULLARD, AUDREY S
1826 SOUTHWEST STATE ROAD 47
LAKE CITY, FL 32025 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: AUDREY S BULLARD 02/19/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: BULLARD, AUDREY S
Address: 1826 SW STATE ROAD 47
City-St-Zip: LAKE CITY, FL 32025

Title: DS () Delete
Name: HANOVER, HOLLY
Address: P.O. BOX 1733
City-St-Zip: LAKE CITY, FL 32056

Title: DV () Delete
Name: BULLARD, CHRIS A
Address: 520 S MARION ST
City-St-Zip: LAKE CITY, FL 32055

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DST (X) Change () Addition
Name: HANOVER, HOLLY
Address: P.O. BOX 1733
City-St-Zip: LAKE CITY, FL 32056

Title: DV (X) Change () Addition
Name: BULLARD, CHRIS A
Address: PO BOX 1432
City-St-Zip: LAKE CITY, FL 32056

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: AUDREY S BULLARD P 02/19/2009
Electronic Signature of Signing Officer or Director Date