

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

DOCUMENT # N04000008734	
1. Entity Name WILDFLOWER RIDGE HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business 1355 S INTERNATIONAL PKWY STE 2461 LAKE MARY, FL 32746	Mailing Address 1355 S INTERNATIONAL PKWY STE 2461 LAKE MARY, FL 32746
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**FILED  
Apr 10, 2008 08:00 A  
Secretary of State**



02062008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>74-3134422</b>	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75</b> Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

DIMILLO, LOUIE D  
1355 S INTERNATIONAL PKWY  
STE 2461  
LAKE MARY, FL 32746

**DO NOT WRITE  
IN THIS SPACE**

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 restating))

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DIMILLO, LOUIE D 1355 S INTERNATIONAL PKWY 2461 LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP DIMILLO, CAROL 1355 S INTERNATIONAL PKWY 2461 LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST DIMILLO, CHRISTOPHER 1355 S INTERNATIONAL PKWY 2461 LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000890155  
04/22/08-80082-015 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:**

(Signature and typed or printed name of signing officer or director)

LOUIE  
DIMILLO

4-7-08 407-936-1150  
Date Daytime Phone #