

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

9/2/2005-90014-019-\$61.25-\$61.25

FILED

05 SEP 17 AM 8:51

CLERK OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N04000008918

1. Entry Name
WILDER MEADOWS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
1607 S ALEXANDER ST SUITE 102
PLANT CITY, FL 33563

Mailing Address
1607 S ALEXANDER ST SUITE 102
PLANT CITY, FL 33563

2. Principal Place of Business
11300 N CENTRAL AVE
Suite, Apt. #, etc.

3. Mailing Address
11300 N CENTRAL AVE
Suite, Apt. #, etc.

City & State
TAMPA FL

City & State
TAMPA FL

Zip
33612

Country
Hillsborough

Zip
33612

Country
Hillsborough

06282005 Chg-NP CR2E037 (10/03)

4. FEI Number
20-3469867

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCGRATH, GAIL C
1607 S ALEXANDER ST SUITE 102
PLANT CITY, FL 33563

7. Name and Address of New Registered Agent

Name
Steven A Hansen
Street Address (P.O. Box Number is Not Acceptable)
11300 N Central Ave
City
Tampa FL Zip Code
33612

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 releasing)

DATE

Filing Fee is \$61.25
Due by September 7, 2005

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MCGRATH, GAIL C
1807 S ALEXANDER ST SUITE 102
PLANT CITY, FL 33563 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MCGRATH, LOUIS R
1807 S ALEXANDER ST SUITE 102
PLANT CITY, FL 33563 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BELISLE, MELVIN
2501 N ORIENT RD SUITE D
TAMPA, FL 33619 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
Steven A Hansen
11300 N Central Ave
Tampa FL 33612 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 my address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/29/05

(813) 933-6561

Date

Daytime Phone #