## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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	7404140742				FILED		
DOCUMENT # N0400008918  1. Entity Name WILDER MEADOWS HOMEOWNERS ASSOCIATION, INC.				05 SEP 17 AM 8: 51			
Principal Place 1607 S ALE PLANT CITY,	CANDER ST SUITE 102	Mailing Address 1607 S ALEXANDER ST PLANT CITY, FL 33563	SUITE 102		eren bezie oarm oath dâin ââid	i tala iliai Heel i	elve: a: lav
	tace of Business	3. Mailing Address			OTAN OTRO NUMBER 1870 POT	I (1810 16) (1845) (	
Suite, Apt.	N CENTRAL AVE	11300 N CE Suite, Apt. #, etc.	NTRAL AVE	06292005 <sub>C</sub>	hg-NP CR25	(10/03)	
City & Stat		City & State TAMPA FL		4. FEI Number	3469867		pplied For lot Applicable
Zip	Country	Zip	Country	E Cartificate of S		\$8.75 Ac	ditional
33612	Hillsboroug  5. Name and Address of Current R	h 33612 H	illsboroug	Th	Iresa of New Registers	Fee Require	ed
MCGRATI	-		Name				
1607 S AL	EXANDER ST SUITE 102		Steven A Hansen Street Address (P.O. Box Number is Not Acceptable)				
PLANT CI	TY, FL 33563			11300 N	Central A	re	
	//		City	Tampa	F	L Zip Con	3612
	named entity submits this statement for	the purpose of changing its re	egistered office or regist		the State of Florida. I a	m familiar with	, and accept
the obligat	ions of registered agent.						
SIGNATURE .	( ) yuu	<u></u>			8/2	9/05	
	Signature, typed or printed name of registrated agent an	d the if applicable. (NOTE:	Registered Agent algnesure requir	ed when reinsusong)	DATE		
D	Filing Fee is \$61.25 ue by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution.		5.00 May Be Make check payable to Florida Department of State		
10.	OFFICERS AND DIRE	CTORS	11.	ADDITIONS/CHANG	ES TO OFFICERS AND (	DIRECTORS IN	¥ 10
TITLE	D	Delete	TITLE			☐ Change	☐ Addition
	I MCGRATH GAR C	<b>/</b> `	uaux.				T VOURTOU
NAME STREET ADDRESS	MCGRATH, GAIL C 1807 S ALEXANDER ST SUITE 10	, ,	NAME STREET ADDRESS				ET AGUEDA
STREET ADDRESS CITY-ST-ZIP	1607 S ALEXANDER ST SUITE 10 PLANT CITY, FL 33563	02	STREET ADORESS CITY-ST-ZIP				
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12. Thereby 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 leport 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 all other like empowered.

SIGNATURE:

\*\*SIGNATURE\*\*

\*\*SIGNATURE\*\*

\*\*SIGNATURE\*\*

\*\*Description\*\*

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