## 2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## **FILED** Feb 19, 2007 8:00 am Secretary of State

02-19-2007 90058 013 \*\*\*\*61.25

## **DOCUMENT # N05000001544**

1. Entity Name
WHEELER ROAD ESTATES HOMEOWNERS

ASSOCIATION, INC.										
6 <del>802 SHIMMERING D</del> R		Mailing Address 8802 SHIMMERING DR LAKELAND, FL 33813			400203	64 			IIIR AI ITTI	
2. Principal Place of Business - No P.O. Box # 3. Mailing Address /										
Suite, Apt. #, etc.		Suite, Apt. # 969 M &			01132007 C	hg-NP	CR2E0	37 (12/06)		
City & State Mu ( Benry 6/4.		City & State	City & State		00 4704500				plied For	
Zip 33860	Country	Zip	Country	1	5. Certificate of S			\$8.75 Add		
23060	6. Name and Address of Current I	Registered Agent	· <del>-</del>	ł	7. Name and Ad	dress of New	Registered	Fee Require	<u> </u>	
Mulhory to State			Name							
LAKELAND, FL 33813  James it 250 Cante		EW ADDRESS mes H. Rehberg	Street Ac	Street Address (P.O. Box Number is Not Acceptable)						
		Canterwood Lane								
	M	ulberry, Fl 33860	City				FL	Zip Cod	e	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the						n the State of F	Torida. 1 am	familiar with,	and accept	
the obligat	tions of registered agent.	, ,		/	/					
2/14/07										
SIGNATURE Signature hypod or presed name of registered agent apd title if applicable. (NOTE: Registered Agent algorithm required when refusating)  DATE										
GIGIT TOTAL	Signature/typed or printed name of registered agent a	upti ikie if applicable. (NOTE: Ac	egistered Agent algnatu	bestupes ex	when reinstating)		DATE			
SIGHT WORK	Signature Apped or printed name of registered agent a Filling Fee is \$81.25 Due by May 1, 2007	9. Election Campa Trust Fund Con	aign Financing		\$5.00 May Be Added to Fees		Make chec	k payable t		
10.	Filing Fee is \$81.25	9. Election Campa Trust Fund Con	aign Financing		\$5.00 May Be	Flo	Make chec orida Depa	tment of S	tate	
10. TITLE	Filing Fee is \$81.25 Due by May 1, 2007  OFFICERS AND DIR	9. Election Campa Trust Fund Con	aign Financing stribution.		\$5.00 May Be Added to Fees	Flo	Make chec orida Depa	tment of S	tate	
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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 ON PRINTED MAKE OF SIGNING OFFICER OR DIRECTOR

823-646-8456