2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 28, 2008
Secretary of State

DOCUMENT# N05000011174

Entity Name: WILD ACRES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1 MYSTIC LAKE WAY
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

1 MYSTIC LAKE WAY
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LARKINS, BARRY
1 MYSTIC LAKE WAY
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	LARKINS, BARRY	
Address:	1 MYSTIC LAKE WAY	
City-St-Zip:	ORMOND BEACH, FL 32174	
Title:	STD	( ) Delete
Name:	LARKINS, GRACE	
Address:	1 MYSTIC LAKE WAY	
City-St-Zip:	ORMOND BEACH, FL 32174	
Title:	VD	(X) Delete
Name:	CIAMMETTI, TONY	
Address:	P.O. BOX 9297	
City-St-Zip:	DAYTONA BEACH, FL 32120	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: BARRY LARKINS PD 05/28/2008

Electronic Signature of Signing Officer or Director — Date