

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011174

FILED
Feb 24, 2009
Secretary of State

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 ()

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

02/24/2009

Electronic Signature of Signing Officer or Director

Date