

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 19, 2005 08:00 AM
Secretary of State

DOCUMENT # N08600

1. Entity Name

WILDER CREEK HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

2142 S.W. CR. 534
MAYO FL 32066
US

Mailing Address

2142 S.W. CR. 534
MAYO FL 32066
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEVIS, LAWSON E SR.
2142 SW CR 534
MAYO FL 32066

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME LAWSON, LEVIS E SR. ☐ Delete
STREET ADDRESS 2142 S.W. CR. 534
CITY- ST- ZIP MAYO FL 32066

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000000235419
CITY- ST- ZIP 02/19/05-80001-018 61.25

TITLE VD
NAME LAWSON, LEVIS E JR. ☐ Delete
STREET ADDRESS 2142 S.W. CR. 534
CITY- ST- ZIP MAYO FL 32066

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

TITLE STD
NAME LAWSON, FRANCES L. ☐ Delete
STREET ADDRESS 2142 S.W. CR. 534
CITY- ST- ZIP MAYO FL 32066

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
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CITY- ST- ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Levis E. Lawson, Sr.
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

Levis E. Lawson, Sr.

2-15-05

Date

Daytime Phone #