2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Aug 09, 2004 8:00 am
Secretary of State
08-09-2004 90001 007 ****61.25

J40067344

DOCUMENT # N10040

1. Entity Name
WILDWOOD HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1454 MARIGOLD DR LAKELAND, FL 33811	P.O. BOX 7023 LAKELAND, FL 33807

DO NOT WRITE IN THIS SPACE

07232004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2577431
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ALLEN, JAMES
1621 EDGEWOOD DR E
LAKELAND, FL 33803

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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 EA. 7-22-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	[redacted]	SECRETARY/TREASURER
NAME	[redacted]	GARCIA, MARY M
STREET ADDRESS	[redacted]	1422 PERSIMMON WAY
CITY-ST-ZIP	[redacted]	LAKELAND FL 33811
TITLE		DIRECTOR
NAME		SCHOMISCH, MICHELLE
STREET ADDRESS		1451 MARIGOLD DRIVE
CITY-ST-ZIP		LAKELAND, FL 33811
TITLE		VP PRESIDENT
NAME		PRUITT, PHIL
STREET ADDRESS		4847 WILDFLOWER
CITY-ST-ZIP		LAKELAND, FL 33811
TITLE	[redacted]	DIRECTOR
NAME	[redacted]	RADLEIN, GEORGE F
STREET ADDRESS	[redacted]	1454 MARIGOLD DR
CITY-ST-ZIP	[redacted]	LAKELAND FL 33811
TITLE		DIRECTOR
NAME	[redacted]	QUEITZSCH, SUSAN
STREET ADDRESS	[redacted]	1329 BRAMBLEWOOD DR
CITY-ST-ZIP	[redacted]	LAKELAND FL 33811
TITLE		DIRECTOR
NAME		DAFF, JOHN
STREET ADDRESS		1437 MARIGOLD DR
CITY-ST-ZIP		LAKELAND, FL 33811

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12. I hereby 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 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: George Radlein GEORGE RADLEIN 8/1/04 (863) 648-0426
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #