2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10040

FILED Apr 21, 2009 Secretary of State

Entity Name: WILDWOOD HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 1386 BRAMBLEWOOD DR LAKELAND, FL 33811 **Current Mailing Address: New Mailing Address:** P.O. BOX 7023 LAKELAND, FL 33807 FEI Number: 59-2577431 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ALLEN, JAMES ALLEN, JAMES 1621 EDGEWOOD DR E 1621F ÉDGEWOOD DR LAKELAND, FL 33803 LAKELAND, FL 33803 US 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: JAMES ALLEN 04/21/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition CHILTON, STEVE Name: Name: 1386 BRAMBLEWOOD DR Address: Address: City-St-Zip: LAKELAND, FL 33811 US City-St-Zip: Title: () Delete Title: () Change () Addition MAJORS, SARA Name: Name: Address: 1335 BRAMBLEWOOD DRIVE Address: City-St-Zip: LAKELAND, FL 33811 US City-St-Zip: Title: SEC () Delete Title: () Change () Addition HOVLID, DEBBIE Name: Name: 4767 WILDFLOWER DRIVE Address: Address: City-St-Zip: LAKELAND, FL 33811 US City-St-Zip: () Delete Title: TRE Title: () Change () Addition Name: QUEITZSCH, SUSAN Name: 1329 BRAMBLEWOOD DRIVE Address: Address: LAKELAND, FL 33811 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition PRUITT, PHIL Name: Name: 4847 WILDFLOWER DRIVE Address: Address: City-St-Zip: LAKELAND, FL 33811 City-St-Zip: Title: () Delete Title: (X) Change () Addition STEPP, RANDY BOROS, MARY Name: Name: Address: 4928 WILDFLOWER DR Address: 1409 BRAMBLEWOOD DRIVE LAKELAND, FL 33811 LAKELAND, FL 33811 City-St-Zip: 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: STEVE CHILTON PRES 04/21/2009