

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

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90308 049 \*\*\*\*70.00

**DOCUMENT # N25711**

1. Entity Name

WILDWOOD A/V HOA, INC.



Principal Place of Business

CLUB HOUSE  
WILDWOOD FL 34785

Mailing Address

C/O JANET SUGAR  
308 SHAWN AVE  
WILDWOOD FL 34785  
US

30042631



1st MOORE

CR2E037 (10/04)

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

59-2950005

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SUGAR, JANET  
308 SHAWN AVE  
WILDWOOD FL 34785

7. Name and Address of New Registered Agent

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

*Janet Sugar, Treasurer*

*Janet Sugar*

4-14-05

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BULL, THOMAS	
STREET ADDRESS	812 HURON STREET	
CITY-ST-ZIP	WILDWOOD FL 34785	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	LANDERS, PETER	
STREET ADDRESS	813 HURON STREET	
CITY-ST-ZIP	WILDWOOD FL 34785	
TITLE	T	<input type="checkbox"/> Delete
NAME	SUGAR, JANET	
STREET ADDRESS	308 SHAWN AVE.	
CITY-ST-ZIP	WILDWOOD FL 34785	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	GUILFOYLE, JANELLE	
STREET ADDRESS	820 MICHIGAN ST	
CITY-ST-ZIP	WILDWOOD FL 34785	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAHNE, JOYCE	
STREET ADDRESS	407 SHAWN AVENUE	
CITY-ST-ZIP	WILDWOOD FL 34785	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KLEIN, NICK	
STREET ADDRESS	814 HURON STREET	
CITY-ST-ZIP	WILDWOOD FL 34785	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McCreight, Alice	
STREET ADDRESS	406 Bruce Avenue	
CITY-ST-ZIP	Wildwood, FL 34785	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Winegar, Connie	
STREET ADDRESS	822 Huron Street	
CITY-ST-ZIP	Wildwood, FL 34785	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Baker, Carole	
STREET ADDRESS	810 New Hampshire Avenue	
CITY-ST-ZIP	Wildwood, FL 34785	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Finster, Jay	
STREET ADDRESS	804 Michigan Street	
CITY-ST-ZIP	Wildwood, FL 34785	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Smith, Beryl	
STREET ADDRESS	824 Huron Street	
CITY-ST-ZIP	Wildwood, FL 34785	

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:

*Alice McCreight, President*

4/16/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #