

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25711

FILED
Apr 02, 2009
Secretary of State

Entity Name: WILDWOOD A/V HOA, INC.

Current Principal Place of Business:

OFFICE
503 SHAWN AVE
WILDWOOD, FL 34785

New Principal Place of Business:

Current Mailing Address:

C/O JANET SUGAR
503 SHAWN AVE
WILDWOOD, FL 34785 US

New Mailing Address:

FEI Number: 59-2950005 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAWRENCE, SUGAR L PRES.
503 SHAWN AVE.
WILDWOOD, FL 34785 US

Name and Address of New Registered Agent:

SUGAR, LAWRENCE L PRES.
503 SHAWN AVE.
WILDWOOD, FL 34785 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: LAWRENCE L. SUGAR, PRESIDENT

04/02/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T,D () Delete
Name: MCCREIGHT, ALICE
Address: 406 BRUCE AVENUE
City-St-Zip: WILDWOOD, FL 34785

Title: P,D () Delete
Name: SUGAR, LAWRENCE L
Address: 308 SHAWN AVENUE
City-St-Zip: WILDWOOD, FL 34785

Title: S,D () Delete
Name: DAVIS, MARDIA
Address: 402 SHAWN AVENUE
City-St-Zip: WILDWOOD, FL 34785

Title: VP.D () Delete
Name: MORRIS, BEVERLY
Address: 312 SHAWN AVE
City-St-Zip: WILDWOOD, FL 34785

Title: D () Delete
Name: SANFORD, BRUCE
Address: 403 SHAWN AVENUE
City-St-Zip: WILDWOOD, FL 34785

Title: D () Delete
Name: WESTFAHL, ILA
Address: 825 MICHIGAN
City-St-Zip: WILDWOOD, FL 34785

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MCCARVILLE, ARLENE
Address: 312
City-St-Zip: WILDWOOD, FL 34785

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: LAWRENCE L. SUGAR

PRES

04/02/2009

Electronic Signature of Signing Officer or Director

Date