

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90099 012 *****61.25

DOCUMENT # N25711

1. Entity Name

HOME OWNERS ASSOCIATION OF WILD ACRES SOCIAL CLUB INC



Principal Place of Business

**CLUB HOUSE
WILDWOOD FL 34785**

Mailing Address

**C/O ~~WILDAVIA~~ JANET SUGAR
308 SHAWN AVE
WILDWOOD FL 34785
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 **59-2950005**

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

**SUGAR, JANET
308 SHAWN AVE
WILDWOOD FL 34785**

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*

4/1/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW: FEE IS \$61.25

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 **P** ☐ Delete
NAME **BAKER, THEODORE**
STREET ADDRESS **810 HAMPSHIRE AVE**
CITY-ST-ZIP **WILDWOOD FL 34785**

TITLE **D-** ☐ Change ☒ Addition
NAME **Smith, Beryl**
STREET ADDRESS **824 Huron Street**
CITY-ST-ZIP **Wildwood, FL 34785**

TITLE **VP** ☐ Delete
NAME **FINSTER, WANETA**
STREET ADDRESS **804 MICHIGAN STREET**
CITY-ST-ZIP **WILDWOOD FL 34785**

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

TITLE **T** ☐ Delete
NAME **SUGAR, JANET**
STREET ADDRESS **308 SHAWN AVE.**
CITY-ST-ZIP **WILDWOOD FL 34785**

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

TITLE **S** ☐ Delete
NAME **GUILFOYLE, JANELLE**
STREET ADDRESS **820 MICHIGAN ST**
CITY-ST-ZIP **WILDWOOD FL 34785**

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

TITLE **D** ☐ Delete
NAME **BERGBIGLER, ANNABELL**
STREET ADDRESS **819 ONTARIO STREET**
CITY-ST-ZIP **WILDWOOD FL 34785**

TITLE **D-** ☒ Change ☐ Addition
NAME **Bergbigler, Annabell**
STREET ADDRESS **829 Michigan Street**
CITY-ST-ZIP **Wildwood, FL 34785**

TITLE **D** ☒ Delete
NAME **KANGAS, MARILYN**
STREET ADDRESS **504 BRUCE AVE**
CITY-ST-ZIP **WILDWOOD FL 34785**

TITLE **D-** ☒ Change ☐ Addition
NAME **Klein, Nick**
STREET ADDRESS **814 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:

Janet Sugar **Janet Sugar**

4/1/03

352-748-4391

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #

CR2E037 (10/02)