2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 09, 2007 8:00 am Secretary of State

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JUCUMEN 1 # N32505 1. Entity Name THE WILDERNESS HOME OWNERS ASSOCIATION INC. Principal Place of Business Mailing Address 40054945 101 PARK PLACE BLVD 101 PARK PLACE BLVD SUITE 2 SUITE 2 KISSIMMEE, FL 34741 KISSIMMEE, FL 34741 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01032007 CR2E037 (12/06) Chg-NP Applied For City & State 4. FEI Number City & State 59-3055642 Not Applicable \$8.75 Additional Zip Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ASS. MANAGEMENT GROUP OF CENTRAL FL, INC Street Address (P.O. Box Number is Not Acceptable) 101 PARK PLACE SUITE 2 KISSIMMEE, FL 34741 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5,00 May Be Florida Department of State Due by May 1, 2007 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Change ☐ Addition ☐ Delete TITLE TITLE Ferentinos, Tony PELLETIER, ART NAME NAME 4096 CANNON CT STREET ADDRESS 3220 Wilderness Trail STREET ADDRESS CITY-ST-ZIP KISSIMMEE, FL 34746 CITY-ST-ZIP Kissimmee, Fl 34736 VD. Change ☐ Addition ☐ Delete TITLE TITLE FERENTINOS, TONY NAME NAME Pelleteir, Art 3320 WILDERNESS TRAIL STREET ADDRESS STREET ADORESS 4096 Cannon Ct CITY-ST-ZIP KISSIMMEE, FL 34746 CITY-ST-ZIP Kissimmee,Fl 34746 ☐ Change ■ Addition ☐ Delete TITLE NAME MITCHELL, ROBERT NAME Wharton, Georgia 4157 BALD EAGLE DR STREET ADDRESS STREET ADDRESS 4130 Black Powder Ln. CITY-ST-ZIP KISSIMMEE, FL 34746 CITY-ST-ZIP Kissimmee, Fl 34746 ☐ Change ☐ Addition ☐ Delete TITLE TITLE GRUEBEL, HUGO NAME NAME **4240 FORT COURAGE CIRCLE** STREET ADDRESS STREET ADDRESS KISSIMMEE, FL 34746 CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE TUSKE, JOHN NAME 4254 FORT COURAGE CIRCLE STREET ADDRESS STREET ADDRESS KISSIMMEE, FL 34746 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE SALVATORE, GENE NAME 5141 BLACKPOWER WAY STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under eath; 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.

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KISSIMMEE, FL 34746

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SIGNATURE AND TYPED OF

3-28-07

Daytime Phone 6