2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32505

FILED Feb 02, 2009 Secretary of State

Entity Name: THE WILDERNESS HOME OWNERS ASSOCIATION INC.

	rincipal Place	e of Business:	New Prince	cipal Place of Business:
	PLACE BLVD)		
SUITE 2 KISSIMME	E, FL 34741	US		
Current N	lailing Addre	ss:	New Maili	ing Address:
	PLACE BLVD			_
SUITE 2				
KISSIMME	EE, FL 34741	US		
FEI Number	: 59-3055642	FEI Number Applied For ()	FEI Number Not App	licable () Certificate of Status Desired ()
Name and	d Address of (Current Registered Agent:	Name and	l Address of New Registered Agent:
101 PARK SUITE 2		ROUP OF CENTRAL FL, INC		
	e named entity e of Florida.	submits this statement for the	ourpose of changing i	its registered office or registered agent, or both
SIGNATUI	RE:			
	Electro	nic Signature of Registered Ag	ent	Date
OFFICER	S AND DIREC	CTORS:	ADDITION	NS/CHANGES TO OFFICERS AND DIRECTO
Title: Name: Address: City-St-Zip:	PELLETIER, A 4096 CANNON KISSIMMEE, F	I CT FL 34746	Title: Name: Address: City-St-Zip:	T (X) Change () Addition PELLETIER, ARTHUR 4096 CANNON CT KISSIMMEE, FL 34746
Title: Name: Address: City-St-Zip:	PD (FERENTINOS, 3320 WILDER KISSIMMEE, F	NESS TRAIL	Title: Name: Address: City-St-Zip:	()Change ()Addition
Title: Name: Address: City-St-Zip:	TD (MITCHELL, RC 4157 BALD EA KISSIMMEE, F	AGLE DRIVE	Title: Name: Address: City-St-Zip:	VP (X) Change () Addition EVERETT, ROGER 3364 WILDERNESS TRAIL KISSIMMEE, FL 34746
Name: Address:	MITCHELL, RC 4157 BALD EA KISSIMMEE, F D (TUSKE, JOHN	DBERT AGLE DRIVE FL 34746) Delete DURAGE CIRCLE	Name: Address:	EVERETT, ROGER 3364 WILDERNESS TRAIL
Name: Address: City-St-Zip: Title: Name: Address:	MITCHELL, RC 4157 BALD EA KISSIMMEE, F D (TUSKE, JOHN 4254 FORT CC KISSIMMEE, F	DBERT NGLE DRIVE TL 34746 DURAGE CIRCLE TL 34746 Delete Delete GENE OWER WAY	Name: Address: City-St-Zip: Title: Name: Address:	EVERETT, ROGER 3364 WILDERNESS TRAIL KISSIMMEE, FL 34746

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: ARTHUR PELLETIER T 02/02/2009