


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90063 044 \*\*\*\*61.25

DOCUMENT # N33547			
1. Entity Name WILDWOOD CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 2933 EASTWIND DR. AMELIA ISLAND FL 32034 US		Mailing Address 2933 EASTWIND DR. AMELIA ISLAND FL 32034 US	
2. Principal Place of Business - No P.O. Box # WILDWOOD CONDOMINIUMS Suite, Apt. #, etc. 833-B TARPON AVE.		3. Mailing Address WILDWOOD CONDOMINIUMS Suite, Apt. #, etc. 833-B TARPON AVE	
City & State FERNANDINA BCH, FL		City & State FERNANDINA BEACH, FL	
Zip 32034	Country FLORIDA	Zip 32034	Country FLORIDA
6. Name and Address of Current Registered Agent WILDWOOD AMELIA, LLC 2933 EASTWIND DR. AMELIA ISLAND FL 32034		7. Name and Address of New Registered Agent Name WILDWOOD AMELIA LLC Street Address (P.O. Box Number is Not Acceptable) 13846 ATLANTIC BLVD. #705 City JACKSONVILLE FL Zip Code 32225	
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 <i>Fred A Walsh</i> DATE 4/23/07 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE			
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PRES WALSH, FRED A 833 TARPON AVE. FERNANDINA BEACH FL 32034 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition ← SAME
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V.PR WALSH, LANA S 833 TARPON AVE. FERNANDINA BEACH FL 32034 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition ← SAME
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SEC CLIFTON, MIKE 833C TARPON AVE. FERNANDINA BEACH FL 32034 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SEC/TREAS MARLENE KOZAK 833-B TARPON AVE FERNANDINA BEACH, FL 32034
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition



1st MOORE CR2E037 (10/06)

4. FEI Number 20-3638725 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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: *Fred A Walsh* DATE 4-23-07 DAYTIME PHONE # 904-583-2416  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #