

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33547

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: WILDWOOD CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

WILDWOOD CONDOMINIUMS  
833-B TARPON AVE  
FERNANDINA BEACH, FL 32034 US

**New Principal Place of Business:**

**Current Mailing Address:**

WILDWOOD CONDOMINIUMS  
833-B TARPON AVE  
FERNANDINA BEACH, FL 32034 US

**New Mailing Address:**

FEI Number: 20-3638725      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WILDWOOD AMELIA, LLC  
13846 ATLANTIC BLVD  
SUITE 705  
JACKSONVILLE, FL 32225 US

**Name and Address of New Registered Agent:**

WILDWOOD AMELIA, LLC  
833 B TARPON AVENUE  
FERNANDINA BEACH, FL 32034 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: MARLENE KOZAK

04/30/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: WALSH, FRED A  
Address: 833 TARPON AVE.  
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: D ( ) Delete  
Name: WALSH, LANA S  
Address: 833 TARPON AVE.  
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: DST ( ) Delete  
Name: KOZAK, MARLENE  
Address: 833-B TARPON AVE  
City-St-Zip: FERNANDINA BEACH, FL 32034

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: CLIFTON, MIKE  
Address: 833 C TARPON AVE.  
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: VPRE (X) Change ( ) Addition  
Name: GAIL, CLIFTON  
Address: 833 C TARPON AVE.  
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: S/T (X) Change ( ) Addition  
Name: KOZAK, MARLENE  
Address: 833-B TARPON AVE  
City-St-Zip: FERNANDINA BEACH, FL 32034

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: MARLENE KOZAK

S/T

04/30/2008

Electronic Signature of Signing Officer or Director

Date