2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33547

FILED Apr 06, 2009 Secretary of State

Entity Name: WILDWOOD CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

WILDWOOD CONDOMINIUMS 833-B TARPON AVE

FERNANDINA BEACH, FL 32034 US

New Mailing Address: Current Mailing Address:

US

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

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

Name and Address of Current Registered Agent: 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:

Name:

Title:

Title:

Name:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

Electronic Signature of Registered Agent

Date

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition

(X) Change () Addition

OFFICERS AND DIRECTORS:

PRES (X) Change () Addition

FERNANDINA BEACH, FL 32034

FERNANDINA BEACH, FL 32034

MILLER, ALI

VPRE

SEC

833 E TARPON AVE.

SCHRIVER, JENNIFER

833 A TARPON AVE.

PRES () Delete CLIFTON, MIKE Name: 833 C TARPON AVE. Address:

City-St-Zip: FERNANDINA BEACH, FL 32034

Title: VPRE () Delete GAIL, CLIFTON Name: Address: 833 C TARPON AVE.

City-St-Zip: FERNANDINA BEACH, FL 32034

Title: () Delete KOZAK, MARLENE Name: Address: 833-B TARPON AVE

City-St-Zip: FERNANDINA BEACH, FL 32034

Title: () Delete

Name: Address: City-St-Zip: Address: 833 C TARPON AVE City-St-Zip: FERNANDINA BEACH, FL 32034

Title: TREA () Change (X) Addition

CLIFTON, GAIL

Name: KOZAK, MARLENE 833 B TARPON AVE Address:

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: GAIL CLIFTON SEC 04/06/2009