


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 22, 2008 8:00 am**  
**Secretary of State**

02-22-2008 90017 009 \*\*\*\*61.25

<b>DOCUMENT # N47602</b>					
1. Entity Name <b>WILDMERE HOMEOWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>1012 HANGING VINE PT LONGWOOD FL 32750</b>			Mailing Address <b>1070 FOGGY BROOK PLACE LONGWOOD FL 32750 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3172299</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>VOCELKA, DENNIS 1012 HANGING VINE POINT LONGWOOD FL 32750</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make Check Payable to Florida Department of State</b>	

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Delete	TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BONI, TONY		NAME	CHILIK, JERRY			
STREET ADDRESS	1003 FOGGY BROOK PL		STREET ADDRESS	1091 FOGGY BROOK PL			
CITY-ST-ZIP	LONGWOOD FL 32750		CITY-ST-ZIP	LONGWOOD, FL 32750			
TITLE	SD	<input type="checkbox"/> Delete	TITLE	VICE-PRESIDENT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	CHILIK, JERRY		NAME	BONI, TONY			
STREET ADDRESS	1091 FOGGY BROOK PL		STREET ADDRESS	1003 FOGGY BROOK PL			
CITY-ST-ZIP	LONGWOOD FL 32750		CITY-ST-ZIP	LONGWOOD, FL 32750			
TITLE	TD	<input type="checkbox"/> Delete	TITLE	SECRETARY	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	VOCELKA, DENNIS		NAME	BRIAN FIORE			
STREET ADDRESS	1012 HANGING VINE POINT		STREET ADDRESS	1036 FOGGY BROOK PL			
CITY-ST-ZIP	LONGWOOD FL 32750		CITY-ST-ZIP	LONGWOOD, FL 32750			
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	ARB	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	VONK, LAURENS		NAME	JOHN GOERGEN			
STREET ADDRESS	1010 FOGGY BROOK PL		STREET ADDRESS	1030 HANGING VINE PT			
CITY-ST-ZIP	LONGWOOD FL 32750		CITY-ST-ZIP	LONGWOOD, FL 32750			
TITLE	ARB	<input checked="" type="checkbox"/> Delete	TITLE	SPECIAL PROJECTS	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	REVELS, BARRY		NAME	MICHAEL WHITE			
STREET ADDRESS	1085 FOGGY BROOK PL		STREET ADDRESS	1066 FOGGY BROOK PL			
CITY-ST-ZIP	LONGWOOD FL 32750		CITY-ST-ZIP	LONGWOOD, FL 32750			
TITLE		<input type="checkbox"/> Delete	TITLE	SPECIAL PROJECTS	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME			NAME	JULIE AUSTIN			
STREET ADDRESS			STREET ADDRESS	1034 FOGGY BROOK PL			
CITY-ST-ZIP			CITY-ST-ZIP	LONGWOOD, FL 32750			

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:** Dennis Voelka 2/10/08 407-484-3479