


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2005 08:00 AM
Secretary of State

DOCUMENT # N95000005779	
1. Entity Name WILDER OAKS HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business 2706 MAJESTIC OAKS COURT PLANT CITY, FL 33566	Mailing Address 2706 MAJESTIC OAKS COURT PLANT CITY, FL 33566
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01132005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3369140	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent STAHL, CATHY 2706 MAJESTIC OAKS COURT PLANT CITY, FL 33566

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAMS, JASON 2714 MAJESTIC OAKS COURT PLANT CITY, FL 33566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD STAHL, CATHY R 2706 MAJESTIC OAKS COURT PLANT CITY, FL 33566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STAHL, CATHY R 2706 MAJESTIC OAKS CT PLANT CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP STAHL, MICHAEL T 2706 MAJESTIC OAKS COURT PLANT CITY, FL 33566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

U00000204124
01/29/05-80058-012 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-05

Date

813-752-5034

Daytime Phone #