

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

FILED
Feb 23, 2007 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

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

59-3369140

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STAHL, CATHY
2706 MAJESTIC OAKS COURT
PLANT CITY FL 33566

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME WILLIAMS, JASON
STREET ADDRESS 2714 MAJESTIC OAKS COURT
CITY-STATE-ZIP PLANT CITY FL 33566

TITLE TSD ☐ Delete
NAME STAHL, CATHY R
STREET ADDRESS 2706 MAJESTIC OAKS COURT
CITY-STATE-ZIP PLANT CITY FL 33566

TITLE D ☐ Delete
NAME STAHL, CATHY R
STREET ADDRESS 2706 MAJESTIC OAKS CT
CITY-STATE-ZIP PLANT CITY FL

TITLE DVP ☐ Delete
NAME STAHL, MICHAEL T
STREET ADDRESS 2706 MAJESTIC OAKS COURT
CITY-STATE-ZIP PLANT CITY FL 33566

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS U000000646346
CITY-STATE-ZIP 03/06/07-80026-017 61.25

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-STATE-ZIP

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CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

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: *Cathy R Stahl* Cathy R Stahl

2/20/07

813-752-5034