

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

FILED
Feb 29, 2008 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 # State, Apt. #, etc.	3. Mailing Address State, Apt. #, etc.
---	---

1st MOORE CR2E037 (10/07)

City & State	City & State	4. FEI Number 59-3369140	Applied For ☐ Not Applicable
Zip	Country	Zip	Country

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 (optional)	(NOTE: Registered Agent signature is required with filing)	DATE
-----------	--	--	------

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	000000843734 ☐ Change ☐ Addition 03/12/08-80009-022 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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* 2-29-08 (813) 752-5034