

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005779

FILED
Feb 09, 2009
Secretary of State

Entity Name: WILDER OAKS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2706 MAJESTIC OAKS COURT
PLANT CITY, FL 33566

New Principal Place of Business:

Current Mailing Address:

2706 MAJESTIC OAKS COURT
PLANT CITY, FL 33566

New Mailing Address:

FEI Number: 59-3369140

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STAHL, CATHY
2706 MAJESTIC OAKS COURT
PLANT CITY, FL 33566 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WILLIAMS, JASON
Address: 2714 MAJESTIC OAKS COURT
City-St-Zip: PLANT CITY, FL 33566

Title: TSD () Delete
Name: STAHL, CATHY R
Address: 2706 MAJESTIC OAKS COURT
City-St-Zip: PLANT CITY, FL 33566

Title: D () Delete
Name: STAHL, CATHY R
Address: 2706 MAJESTIC OAKS CT
City-St-Zip: PLANT CITY, FL

Title: DVP () Delete
Name: STAHL, MICHAEL T
Address: 2706 MAJESTIC OAKS COURT
City-St-Zip: PLANT CITY, FL 33566

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CATHY STAHL

TSD

02/09/2009

Electronic Signature of Signing Officer or Director

Date