2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2009
Secretary of State

DOCUMENT# N96000004831

Entity Name: WHEELER CORNERS PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1490 SWANSON DRIVE
SUITE 200
OVIEDO, FL 32765 US

New Principal Place of Business:

Current Mailing Address:

1490 SWANSON DRIVE
SUITE 200
OVIEDO, FL 32765 US

New Mailing Address:

FEI Number: 59-3544530 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BURGUNDER, KARL A
1490 SWANSON DRIVE
SUITE 200
OVIEDO, FL 32765 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: PTD ( ) Delete
Name: BURGUNDER, KARL A
Address: 1490 SWANSON DR., SUITE 200
City-St-Zip: OVIEDO, FL 32765

Title: SAT ( ) Delete
Name: CRAIG, MICHAEL S
Address: 1030 SHANGRI LA LANE
City-St-Zip: OVIEDO, FL 32765

Title: VASD ( ) Delete
Name: GIBSON, PHILIP A
Address: 600 LEGACY PARK DR.
City-St-Zip: CASSELBERRY, FL 32707

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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: D ( ) Change (X) Addition
Name: HUBBARD, MELISSA F
Address: 1480 SWANSON DRIVE
City-St-Zip: OVIEDO, FL 32765 US

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: KARL A. BURGUNDER P 03/02/2009

Electronic Signature of Signing Officer or Director — Date