

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003340

FILED
Jan 03, 2008
Secretary of State

Entity Name: WILDER RESERVE SUBDIVISION ASSOCIATION, INC.

Current Principal Place of Business:

2714 WILDER RESERVE
PLANT CITY, FL 33566

New Principal Place of Business:

Current Mailing Address:

2714 WILDER RESERVE
PLANT CITY, FL 33566

New Mailing Address:

FEI Number: 59-3667798

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VIJIL, ROBERT
2714 WILDER RESERVE DR
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: KEEL, RYAN
Address: 2709 WILDER RESERVE DRIVE
City-St-Zip: PLANT CITY, FL 33566

Title: SD () Delete
Name: VIJIL, ROBERT
Address: 2714 WILDER RESERVE DRIVE
City-St-Zip: PLANT CITY, FL 33566

Title: VPD () Delete
Name: FORET, MIKE III
Address: 2720 WILDER RESERVE DR
City-St-Zip: PLANT CITY, FL 33566

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: SEC () Change (X) Addition
Name: DAWN, HUTCHINSON
Address: 2716 WILDER RESERVE DRIVE
City-St-Zip: PLANT CITY, FL 33566

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: ROBERT VIJIL

TREA

01/03/2008

Electronic Signature of Signing Officer or Director

_____ Date