2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007
Secretary of State

DOCUMENT# P06000157157

Entity Name: WILDMERE WEST HOMEOWNERS'S ASSOCIATION INC.

Current Principal Place of Business:

2295 S HIAWASSEE ROAD STE 411
ORLANDO, FL 32835

New Principal Place of Business:

6996 PIAZZA GRANDE AVE
STE 202
ORLANDO, FL 32835

Current Mailing Address:

2295 S HIAWASSEE ROAD STE 411
ORLANDO, FL 32835

New Mailing Address:

6996 PIAZZA GRANDE AVE
STE 202
ORLANDO, FL 32835

FEI Number: 20-8345642 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COGGIN, DAVID
1439 STARGAZER TERRACE
SANFORD, FL 32771 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: COGGIN, DAVID
Address: 1439 STARGAZER TERRECE
City-St-Zip: SANFORD, FL 32771

Title: DV ( ) Delete
Name: COOPER, DAVID
Address: 7930 VERSILIA DRIVE
City-St-Zip: ORLANDO, FL 32836

Title: DS ( ) Delete
Name: MAKA, JACKIE
Address: 1439 STARGAZER TERRACE
City-St-Zip: SANFORD, FL 32771

Title: TS ( ) Delete
Name: POLA, JENNI
Address: 2295 S HIAWASSEE ROAD STE 411
City-St-Zip: ORLANDO, FL 32835

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: TS (X) Change ( ) Addition
Name: POLA, JENNI
Address: 6996 PIAZZA GRANDE AVE STE 202
City-St-Zip: ORLANDO, FL 32835

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID COGGIN DP 04/26/2007

Electronic Signature of Signing Officer or Director Date