

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAR -8 PH 3: 07

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 734620 (8)

1. Corporation Name

WILDEWOOD SPRINGS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**390 SPRINGDALE DR.
BRADENTON FL 34210**

**390 SPRINGDALE DR.
BRADENTON FL 34210**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/17/1975

3a. Date of Last Report
04/15/1994

4. FBI Number
59-1681934

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BECKER & POLIAKOFF, P.A.
630 S ORANGE AVE
3RD FLOOR
SARASOTA FL 33578**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
GRAY, DAVID P.
618 WOODLAWN DR.
BRADENTON, FL 00000**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
BAKER, RICHARD W
306 SPRINGDALE DR
BRADENTON FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
POTTER, HARRY A
368 SPRINGDALE DRIVE
BRADENTON FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FISHER, MORTON
838 OAK DR
BRADENTON, FL 0**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WILKEN, FRED
781 OAKVIEW DRIVE
BRADENTON FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
STANTON, RALPH C.
459 PALM TREE DR.
BRADENTON, FL 00000**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report or in attachment with an address.

SIGNATURE

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 1, 1995

(813) 758-2909

Date

Daytime Phone #

0082832