


FILE NOW: FILING FEE IS \$61.25

FILED  
May 19 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 744800 (4)**  
1. Corporation Name  
**WILDEWOOD SPRINGS II CONDOMINIUM ASSOCIATION, IN C.**



Principal Place of Business <b>2055 WOOD STREET SUITE 202 SARASOTA FL 34237</b>	Mailing Address <b>2055 WOOD STREET SUITE 202 SARASOTA FL 34237-7945</b>
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3. Date Incorporated or Qualified <b>11/02/1978</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-1977727</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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9. Name and Address of Current Registered Agent  
**PROPERTY & ACCOUNTING MANAGEMENT, INC.  
2055 WOOD STREET  
SUITE 202  
SARASOTA FL 34237**

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>KALE, JOHN</b>	
STREET ADDRESS	<b>105 TIDEWATER</b>	
CITY-ST-ZIP	<b>BRADENTON FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>ARENTSEN, ROBERT</b>	
STREET ADDRESS	<b>131 TIDEWATER</b>	
CITY-ST-ZIP	<b>BRADENTON FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>HODGE, DAVID</b>	
STREET ADDRESS	<b>132 TIDEWATER</b>	
CITY-ST-ZIP	<b>BRADENTON FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SCHULER, ROBERT</b>	
STREET ADDRESS	<b>102 TIDEWATER</b>	
CITY-ST-ZIP	<b>BRADENTON FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>HEMING, JUNE</b>	
STREET ADDRESS	<b>107 TIDEWATER</b>	
CITY-ST-ZIP	<b>BRADENTON FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Hodge, David</b>
3.3 STREET ADDRESS	<b>132 Tidewater</b>
3.4 CITY-ST-ZIP	<b>Bradenton, FL 34210</b>
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Schuler, Robert</b>
4.3 STREET ADDRESS	<b>102 Tidewater</b>
4.4 CITY-ST-ZIP	<b>Bradenton, FL 34210</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Robert Schuler*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)