

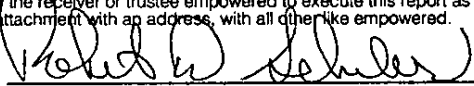


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2006 8:00 am
Secretary of State

05-16-2006 90180 001 ***122.50

DOCUMENT # 744800 1. Entity Name WILDEWOOD SPRINGS II CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 5037 RINGWOOD MEADOW, B SARASOTA, FL 34235			Mailing Address 5037 RINGWOOD MEADOW, B SARASOTA, FL 34235		
2. Principal Place of Business 5041 Ringwood Meadow Suite, Apt. #, etc. STE 2		3. Mailing Address 5041 Ringwood Meadow Suite, Apt. #, etc. STE 2			
City & State 		City & State 		4. FEI Number 59-1977727	
Zip 		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PAMI MANAGEMENT INC. 5037 RINGWOOD MEADOW, B SARASOTA, FL 34235				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5041 Ringwood Meadow STE 2 City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD ARENTSEN, ROBERT 131 TIDEWATER BRADENTON, FL 34210	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SCHULER, ROBERT D 102 TIDEWATER DR BRADENTON, FL 34210	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD HODGE, DAVID 132 TIDEWATER DR BRADENTON, FL 34210	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D HODGE, DAVID 132 TIDEWATER DR. BRADENTON, FL 34210
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV HALVERSON, JEAN 130 TIDEWATER DR. BRADENTON, FL 34210	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SD HALVERSON, JEAN 130 TIDEWATER DR. BRADENTON, FL 34210
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PLANTAMURA, GUS 123 TIDEWATER DR BRADENTON, FL 34210	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DV OBERDORFER, MICHAEL 118 TIDEWATER DR. BRADENTON, FL 34210
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  4/28/06 941-739-8667 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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