

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2002 8:00 am**  
**Secretary of State**

04-23-2002 90408 013 \*\*\*\*61.25

**DOCUMENT # 749312**

1. Entity Name

**WILDEWOOD SPRINGS II-B CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

**157 WILDPALM DRIVE  
BRADENTON FL 34210**

Mailing Address

**4983 RINGWOOD MEADOW  
SARASOTA FL 34235**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

**2198 Princeton Street**

Suite, Apt. #, etc.  
**Suite 20**

City & State  
**Sarasota, FL**

Zip  
**34237**

Country  
**Sarasota**

4. FEI Number

**59-2002764**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**PAMI MANAGEMENT, INC.  
4983 RINGWOOD MEADOW  
SARASOTA FL 34235**

7. Name and Address of New Registered Agent

Name

**MA-CON, INC.**

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

**2198 Princeton Street**

**Suite 20**

City

**Sarasota**

**FL**

Zip Code

**34237**

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.

SIGNATURE

*Warren Weil* **WARREN WEIL**

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

(NOTE: Registered Agent signature required when reinstating)

**4/12/02**

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>BANKS, TAMMY</b>	
STREET ADDRESS	<b>141 WILDPALM DRIVE</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34210</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>VENNERA, PETER</b>	
STREET ADDRESS	<b>143 WILDPALM DRIVE</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34210</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>JAEGER, HARVEY</b>	
STREET ADDRESS	<b>145 WILDPALM DRIVE</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34210</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>WILLIAMS, LILLIAN</b>	
STREET ADDRESS	<b>155 WILDPALM DRIVE</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34210</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>BOLAND, CALVIN</b>	
STREET ADDRESS	<b>154 WILDPALM DRIVE</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34210</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>JORET, VERNON</b>	
STREET ADDRESS	<b>217 PINENEEDLE</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34210</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I 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 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

*Lillian Williams* **LILLIAN WILLIAMS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**4/10/02**

Daytime Phone #

**941-366-8480**

CR2E037 (9/01)