

FILED
May 08, 2007 8:00 am
Secretary of State

05-08-2007 90021 012 ****61.25

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 749312			
1. Entity Name WILDEWOOD SPRINGS II-B CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 492 FRUITVILLE RD SARASOTA, FL 34232		Mailing Address 492 FRUITVILLE RD SARASOTA, FL 34232	
2. Principal Place of Business - No P.O. Box # 4920 Fruitville Road		3. Mailing Address 4920 Fruitville Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-2002764		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent MA-CON, INC 4920 FRUITVILLE RD SARASOTA, FL 34232		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
6. 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, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD POTHUISJE, CRAIG 107 WILD PALM DR BRADENTON, FL 34210 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Fossen, Kathy 206 Pineneedle Drive Bradenton, Fl 34210 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GLAND, JAMES 205 PINENEEDLE DR. BRADENTON, FL 34210 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNOTT, JOETTE 204 PINENEEDLE DR BRADENTON, FL 34210 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BOLAND, CALVIN 154 WILDPALM DRIVE BRADENTON, FL 34210 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WIMMER, THOMAS 129 WILD PALM DR BRADENTON, FL 34210 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CLARKE, ROBERT 217 PINENEEDLE DR BRADENTON, FL 34210 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ☒ Change ☐ 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: 