

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 749312

**FILED**  
**Apr 14, 2011**  
**Secretary of State**

**Entity Name:** WILDEWOOD SPRINGS II-B CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1282 4TH ST.  
SARASOTA, FL 34236

**New Principal Place of Business:**

**Current Mailing Address:**

1282 4TH ST.  
SARASOTA, FL 34236

**New Mailing Address:**

**FEI Number:** 59-2002764

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ACTION ASSOCIATION MANAGEMENT, INC.  
1282 4TH ST.  
SARASOTA, FL 34236 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: S  
Name: FOSSEN, KATHY  
Address: 1282 4TH STREET  
City-St-Zip: SARASOTA, FL 34236

Title: T  
Name: BOLAND, CALVIN  
Address: 1282 4TH STREET  
City-St-Zip: SARASOTA, FL 34236

Title: VP  
Name: BESSONETTE, LEANNE  
Address: 1282 4TH STREET  
City-St-Zip: SARASOTA, FL 34236

Title: P  
Name: CLARKE, ROBERT  
Address: 1282 4TH STREET  
City-St-Zip: SARASOTA, FL 34236

Title: D  
Name: BECK, DONALD  
Address: 1282 4TH STREET  
City-St-Zip: SARASOTA, FL 34236

Title: D  
Name: POTHUISJE, CRAIG  
Address: 1282 4TH ST.  
City-St-Zip: SARASOTA, FL 34236

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: TOM DIETER

RA

04/14/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date