## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

**SIGNATURE:** 

SIGNATURE AND TYPED OR

DOCUMENT # 755909

(9)

THE VILLAGE AT WILDFLOWER COUNTRY CLUB CONDOMINI UM ASSOCIATION, INC.

							FOIL FIDAL OF AN OLD	(I DIDIF BAD	JI DIQILIBRA
Principal Place	e of Business	Mailing Address	3						
6796 GASPAI P.O. BOX 52	rilla pines blvd. 82	6796 GASPARILLA PINES BLVD. P.O. BOX 5282							
GROVE CITY	FL 34224-9344	GROVE CITY FL 34224-9344				3. Date Incorporated or Qualified 01/15/1981	d 3a. Date of Last Report 03/02/1995		
2. Principal Pl	ace of Business	2a. Mailing Add	ress			4. FEI Number	, l	Apı	plied For
1		26				59-2263399		No <sup>1</sup>	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. i	#, etc.			5. Certificate of Status Desired	□ <b>\$</b>	<b>8.75</b> A Fee Re	Additional quired
City & State	e	City & State	!			6. Election Campaign Financing		\$5.00	
<b>3</b> ] Zip	Country	<b>28</b> ΖιΩ		Country	,	Trust Fund Contribution  8. This corporation has liability for in	tongible tay ús	Added to	
4	25	29	30	Courting	,		Yes [Z] No	Uer 5. 13	19.002,
Ц	9. Name and Address of Currer	Lii-l				10. Name and Address of New Re	gistered Age	nt	<del>-</del>
				81	Name				
FEDELE	, COSMO J.			82	Street Add	iress (P.O. Box Number is Not Acceptable	e)		
6796 GASPARILLA PINE BVD				L					
ENGLEV	VOOD FL 33533			83	1				
				84	City		8	5 Zip C	Code
				- 1	1		P-L.		
<ol> <li>Pursuant or registe</li> </ol>	to the provisions of Sections 617,0502 red agent, or both, in the State of Flori	? and 617.1508, Florida. Such change was	da Statutes, the	above the con	named corpo foration's boa	pration submits this statement for the purp and of directors. I hereby accept the appo	oose of changir intment as regi	ig its regi stered ac	istered offici bent. Lam
familiar w	ith, and accept the obligations of, Sect	on 617.0503, Florida	Statutes	1/				10	,
SIGNATURE		PELE	(0		10 CO [	Jelle-	_////	///	<u> </u>
10	Signature, typed or printed name of registered agent	and title if applicable  D DIRECTORS		stered Ape	ntsynyntire/faquir	ed when reinstating) ADDITIONS/CHANGES TO OFFI	CERS AND THE	RECTOR!	S IN 12
12. Title	D OFFICENS AN	[ IDE		1.1 TITLE	<del>- V</del>	Abbilled 6 Miles 16 Stri			Addition
NAME	OLIVER, ROGER B	<b>L</b>		1 2 NAME			٦		
STREET ADDRESS	6796 GASPARILLA PINE				1 ADDRESS				
CITY-ST-ZIP	ENGLEWOOD FL		1	1.4 CHY-					
TITLE	TD			2.1 TITLE	*****		C	nange	Addition
NAME	FEDELE, COSMO J.			2 2 NAME					
STREET ADDRESS	6796 GASPARILLA PINE			2 3 STREE	T ADDRESS				
CITY - ST - ZIP	ENGLEWOOD FL			2 4 CITY	-ST-ZIP				
TITLE	PD	[]00	LETE	31 TITLE			C	hange	Addition
NAME	MOORE, GARY			3.2 NAME					
STREET ADDRESS	6796 GASPARILLA PINES			3 3 STREE	T ADDRESS				
CITY - S1 - ZIP	ENGLEWOOD FL			34 CITY				hanas	T Addition
TITLE	VD	LJD		4 1 TITLE			ЦÜ	hange	Addition
NAME	DONAHUE, JOHN			4 2 NAMI					
STREET ADDRESS	6796 GASPARILLA PINES ENGLEWOOD FL				T ADDRESS				
CITY - ST - ZIP THILE	SD SD	<u></u>		4.4 CITY - 5.1 TITLE				hange	☐ Addition
NAME	NEWMAN, IRENE			5 2 NAME			۰.	93	
STREET ADDRESS	6796 GASPARILLA PINES				ET ADDRESS				
CITY - ST - ZIP	ENGLEWOOD FL			54 CITY					
T:TLE	with the second	[]D		6 1 TITLE				hange	Addition
NAME				6 2 NAME					
STREET ADDRESS					ET ADDRESS				
CITY-ST-ZIP	1			6 4 CiTy					
14. I do here	by certify that the information supplied	with this filing is volu	ntarily furnished	and do	es not qualify	for the exemption stated in Section 119.	07(3)(k), Fiorida	Statutes	3. I further
certify the oath; tha	at the information indicated on this and it I am an officer or director of the corp	jual report or supplent oration or the receive	nental annual rep r or trustee emp	ooπ is t xowerec	rue and accu 1,to execute t	rate and that my signature shall have the his report as required by Chapter 617, Fit	same iegai епе prida Statutes; :	and that	my name
appears	in Block 12 or Block 13 if changed of	on an attachment vi	th an address		7	/ /			