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Apr 17 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 755909 (9)

1. Corporation Name

THE VILLAGE AT WILDFLOWER COUNTRY CLUB CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

6796 GASPARILLA PINES BLVD.  
P.O. BOX 5282  
GROVE CITY FL 34224-9344

6796 GASPARILLA PINES BLVD.  
P.O. BOX 5282  
GROVE CITY FL 34224-0282

3. Date Incorporated or Qualified  
01/15/1981

3a. Date of Last Report  
01/25/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-2263399

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name PAUL A. HOWARD  
82 Street Address (P.O. Box Number is Not Acceptable) 6796 GASPARILLA PINES BLVD, UNIT 92  
83  
84 City ENGLEWOOD FL 85 Zip Code 34224

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Paul A. Howard*

(NOTE: Registered Agent signature required when reinstalling)

4-7-97 DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	D	<input type="checkbox"/> DELETE
NAME	OLIVER, ROGER B	
STREET ADDRESS	6796 GASPARILLA PINE	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	FEDELE, COSMO J.	
STREET ADDRESS	6796 GASPARILLA PINE	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MOORE, GARY	
STREET ADDRESS	6796 GASPARILLA PINES	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	DONAHUE, JOHN	
STREET ADDRESS	6796 GASPARILLA PINES	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	NEWMAN, IRENE	
STREET ADDRESS	6796 GASPARILLA PINES	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	TD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	PAUL A. HOWARD		
1.3 STREET ADDRESS	6796 GASPARILLA PINES BLVD		
1.4 CITY-ST-ZIP	ENGLEWOOD, FLA 34224		
2.1 TITLE	VD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	IRVIN FOSTER		
2.3 STREET ADDRESS	6796 GASPARILLA PINES BLVD		
2.4 CITY-ST-ZIP	ENGLEWOOD, FLA 34224		
3.1 TITLE	SD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	MARY KUTKA		
3.3 STREET ADDRESS	6796 GASPARILLA PINES BLVD		
3.4 CITY-ST-ZIP	ENGLEWOOD, FLA, 34224		
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *Paul A. Howard*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-97 941-697-1459  
Date Daytime Phone # 0062482

CR2E037 (9/96)