

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 19, 1999 8:00 am**  
**Secretary of State**

02-19-1999 90010 040 \*\*\*\*61.25

0066931

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
---	---	--

**DOCUMENT # 755909**

1. Corporation Name  
**THE VILLAGE AT WILDFLOWER COUNTRY CLUB CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business 6796 GASPARILLA PINES BLVD. P.O. BOX 5282 GROVE CITY FL 34224-9344	Mailing Address 6796 GASPARILLA PINES BLVD. P.O. BOX 5282 GROVE CITY FL 34224-9344
---	---



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>01/15/1981</b>
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>59-2263399</b>
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
23 Zip Country	28 Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
24	25	29
30		

9. Name and Address of Current Registered Agent

**HOWARD, PAUL A**  
**6796 GASPARILLA PINES BLVD.**  
**UNIT 92**  
**ENGLEWOOD FL 34224**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> DELETE
NAME	HOWARD, PAUL A	
STREET ADDRESS	6796 GASPARILLA PINES DR., UNIT 92	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	FOSTER, IRVIN	
STREET ADDRESS	6796 GASPARILLA PINES BLVD., UNIT 53	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	KUTKA, MARY	
STREET ADDRESS	6796 GASPARILLA PINES BLVD., UNIT 87	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	FOSTER, IRVIN	
1.3 STREET ADDRESS	6796 GASPARILLA PINES BLVD, UNIT 92	
1.4 CITY-ST-ZIP	ENGLEWOOD, FL 34224	
2.1 TITLE	<del>VD</del>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<del>BERNARD, GEM</del>	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	GLADMAN, BERNARD	
3.3 STREET ADDRESS	6796 GASPARILLA PINES BLVD UNIT 89	
3.4 CITY-ST-ZIP	ENGLEWOOD, FLA 34224	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	NEWMAN, IRENE	
4.3 STREET ADDRESS	6796 GASPARILLA PINES BLVD. UNIT 61	
4.4 CITY-ST-ZIP	ENGLEWOOD, FL 34224	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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, with all other like empowered.

SIGNATURE: Paul A. Howard 1-5-99 941-697-1459

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)