FILED
Apr 23, 2002 8:00 am
Secretary of State
04-23-2002 90428 008 ****61.25

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N26361

1. Entity Name

VILLAGE AT WILDCAT RUN CONDOMINIUM ASSN INC THE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2180 W. SR 434	2180 W. SR 434
Suite, Apt. #, etc. STE 5000	Suite, Apt. #, etc. STE 5000
City & State LONGWOOD, FL	City & State LONGWOOD, FL
Zip 32779-5004 Country US	Zip 32779-5004 Country US

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0079441 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name JAMES W. HART JR.

Street Address (P.O. Box Number is Not Acceptable) SENTRY MANAGEMENT INC.

2180 W. SR 434 STE 5000

City LONGWOOD FL Zip Code 32779-5004

8. 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 _____ 2/18/02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	Philip Yunker
STREET ADDRESS	20130-1 Golden Panther Dr
CITY-ST-ZIP	Estero, FL 33928
TITLE	VTD
NAME	Don Haggstrom
STREET ADDRESS	20130-2 Golden Panther Dr
CITY-ST-ZIP	~~Estero, FL 33928~~
TITLE	SD
NAME	Jerry Doe
STREET ADDRESS	20110-4 Golden Panther Drive
CITY-ST-ZIP	Estero, FL 33928
TITLE	
NAME	
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CR2E037B (12/01)

12. 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 3/11/02 941-377-0112

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