

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26361

FILED
Apr 07, 2004
Secretary of State**Entity Name:** THE VILLAGE AT WILDCAT RUN CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**2180 W SR 434
SUITE 5000
LONGWOOD, FL 32779 US**New Principal Place of Business:****Current Mailing Address:**2180 W SR 434
SUITE 5000
LONGWOOD, FL 32779 US**New Mailing Address:****FEI Number:** 65-0079441 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**HART, JAMES W JR
SENTRY MGMT INC
2180 W SR 434 5000
LONGWOOD, FL 32779 US**Name and Address of New Registered Agent:**HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 W SR 434 STE 5000
LONGWOOD, FL 32779 US

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: _____

04/07/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: YUNKER, PHILIP
Address: 20130-1 GOLDEN PANTHER DRIVE
City-St-Zip: ESTERO, FL 33928

Title: SD () Delete
Name: DOE, JERRY
Address: 20110-4 GOLDEN PANTHER DR
City-St-Zip: ESTERO, FL 33928

Title: VTD () Delete
Name: HAGGSTROM, DON
Address: 20130-2 GOLDEN PANTHER DR
City-St-Zip: ESTERO, FL 33928

Title: S (X) Delete
Name: PHELPS, DON
Address: GOLDEN PANTHER DRIVE
City-St-Zip: ESTERO, FL 33928

Title: VPT (X) Delete
Name: HANSEN, RON
Address: GOLDEN PANTHER DRIVE
City-St-Zip: ESTERO, FL 33928

Title: P (X) Delete
Name: HAGISSTROM, DON
Address: 20130-2 GOLDEN PANTHER DRIVE
City-St-Zip: ESTERO, FL 33928

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MILLER, DOUG
Address: 4038 HOLLY KNOLL DR
City-St-Zip: GLEN ARM, MD 21093

Title: VTD (X) Change () Addition
Name: MASON, GARY
Address: 1662 GOSHEN DR
City-St-Zip: HUDSON, OH 44236

Title: SD (X) Change () Addition
Name: PHELPS, DON
Address: 20230-1 GOLDEN PANTHER DR
City-St-Zip: ESTERO, FL 33928

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: DOUG MILLER

PD

04/07/2004

Electronic Signature of Signing Officer or Director

Date