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FILED

May 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000004574 (8)**
1. Corporation Name

THE PINES AT WILDCAT RUN HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**20101 WILDCAT RUN DRIVE
ESTERO FL 33928**

**20101 WILDCAT RUN DRIVE
ESTERO FL 33928**



2. Principal Place of Business	2a. Mailing Address
21 206 37 Wildcat Run Dr	26 P.O. Box 844
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State Estero FL	28 City & State Estero FL
24 Zip 33928	29 Zip 33928
25 Country	30 Country

3. Date Incorporated or Qualified

09/15/1995

4. FEI Number

65-0671882

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SHEDS, CHRISTOPHER J ESQ.
1833 HENDRY STREET
FORT MYERS FL 33902-1507**

81 Name
Verna R. Caudle, CAM

82 Street Address (P.O. Box Number Is Not Acceptable)

906 SE 1ST FL

83 City
CAPE CORAL, FL

84 City

FL

85 Zip Code

33990

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

Verna R. Caudle, CAM

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/25/98

DATE

12. OFFICERS AND DIRECTORS	
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	LANDEY, LUYERNE O
STREET ADDRESS	% 20101 WILDCAT RUN DRIVE, SE
CITY - ST - ZIP	ESTERO FL 33928
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	LANDEY, BETTY
STREET ADDRESS	% 20101 WILDCAT RUN DRIVE, SE
CITY - ST - ZIP	ESTERO FL 33928
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	CAUDLE, VERNA
STREET ADDRESS	% 20101 WILDCAT RUN DRIVE, SE
CITY - ST - ZIP	ESTERO FL 33928
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BARDI, MICHAEL
1.3 STREET ADDRESS	20637 Wildcat Run Dr
1.4 CITY - ST - ZIP	ESTERO FL 33928
2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	IVERSON, Thomas
2.3 STREET ADDRESS	20599 Wildcat Run Dr
2.4 CITY - ST - ZIP	ESTERO, FL 33928
3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	WIKEL, DEAN
3.3 STREET ADDRESS	20631 Wildcat Run Dr
3.4 CITY - ST - ZIP	ESTERO FL 33928
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
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.

SIGNATURE:

Michael Bard

4/24/98

941-772-2450

CR2E037 (10/97)