

FILE NOW: FILING FEE IS \$61.25

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90203 039 ****61.25

0061184

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000004574

1. Corporation Name

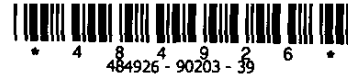
THE PINES AT WILDCAT RUN HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

20637 WILDCAT RUN DR
ESTERO FL 33928

Mailing Address

P.O. BOX 844
ESTERO FL 33928



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

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

9. Name and Address of Current Registered Agent

CAUDLE, VERNA R CAM
906 SE 1ST PL
CAPE CORAL FL 33990

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS DELETE

TITLE D
NAME BAROLI, MICHAEL
STREET ADDRESS 20637 WILDCAT RUN DR
CITY-ST-ZIP ESTERO FL 33928

TITLE D
NAME IVERSON, THOMAS
STREET ADDRESS 20599 WILDCAT RUN DR
CITY-ST-ZIP ESTERO FL 33928

TITLE D
NAME WIKEL, DEAN
STREET ADDRESS 20631 WILDCAT RUN DR
CITY-ST-ZIP ESTERO FL 33928

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V. President Change Addition
1.2 NAME BAROLI, Michael
1.3 STREET ADDRESS 20637 WildeatRun Dr
1.4 CITY-ST-ZIP Estero FL

2.1 TITLE President Change Addition
2.2 NAME Iverson, Thomas
2.3 STREET ADDRESS 20599 WildeatRun Dr
2.4 CITY-ST-ZIP Estero FL 33928

3.1 TITLE Director Change Addition
3.2 NAME Wikel, Dean
3.3 STREET ADDRESS 20631 WildeatRun Dr
3.4 CITY-ST-ZIP Estero FL 33928

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change 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: *Thomas Iverson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-99 941-772 2450
Date Daytime Phone #

CR2E037 (11/98)