

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 22, 2001 8:00 am
Secretary of State

02-22-2001 90123 018 ****61.25

DOCUMENT # N99000003096

1. Entity Name

WILDCAT COVE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

24301 WALDEN CENTER DR. STE. 300
 BONITA SPRINGS FL 34134

Mailing Address

24301 WALDEN CENTER DR. STE. 300
 BONITA SPRINGS FL 34134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3590942

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HASTINGS, VIVEN N
24301 WALDEN CENTER DR. STE. 300
BONITA SPRINGS FL 34134

Name

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

City

FL

Zip Code

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Delete
 NAME **KERPER, DIANE**
 STREET ADDRESS **24301 WALDEN CENTER DR.**
 CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE **DP** Change Addition
 NAME **Hayden, Kenneth**
 STREET ADDRESS **24301 Walden Center Dr.**
 CITY-ST-ZIP **Bonita Springs, FL 34134**

TITLE **VD** Delete
 NAME **HAYDEN, KENNETH**
 STREET ADDRESS **24301 WALDEN CENTER DR.**
 CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE **DVP** Change Addition
 NAME **Fisher, Susan**
 STREET ADDRESS **24301 Walden Center Dr.**
 CITY-ST-ZIP **Bonita Springs, FL 34134**

TITLE **STD** Delete
 NAME **TRAVIS, DUSTIN**
 STREET ADDRESS **24301 WALDEN CENTER DR.**
 CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **ERICK, STEVE**
 STREET ADDRESS **20101 WILDCAT RUN DR.**
 CITY-ST-ZIP **ESTERO FL 33928**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)