

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90226 024 \*\*\*\*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  
 %PEGASUS PROPERTY MANAGEMENT  
 17595-100 S. TAMiami TRAIL  
 FT. MYERS, FL 33908

02172004



2. Principal Place of Business  
**40 PEGASUS PROPERTY MGMT**

3. Mailing Address  
 Suite, Apt. #, etc.  
**17595-100 S. TAMiami TRAIL**

02172004 Chg-NP CR2E037 (10/03)

City & State  
**FT. MYERS FL**

City & State

Zip  
**33908**

Country  
**USA**

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**

**EATON, THOMAS E CAM**  
**17595-100 SOUTH TAMiami TRAIL**  
**FT. MYERS, FL 33908**

**7. Name and Address of New Registered Agent**

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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

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

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KEITH, SYLVIA 2020 CLUBHOUSE DR SUN CITY CENTER, FL 33571	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GISLASON, ROBERT 24301 WALDEN CENTER DR, SUITE 206 BONITA SPRINGS, FL 34134	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TIEFENBACH, RENEE 24201 WALDEN CENTER DR BONITA SPRINGS, FL 34134	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JAMES DODGE 12572 WILDCAT COVE CIRCLE ESTERO, FL 33928	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RONALD FULLTON 12588 WILDCAT COVE CIRCLE ESTERO, FL 33928	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KEN HUTCHINSON 12600 WILDCAT COVE CIRCLE ESTERO, FL 33928	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Jim Dodge **9/27/2004** **239-454-8568**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #