

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003096

FILED
Mar 02, 2008
Secretary of State

Entity Name: WILDCAT COVE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

%BONITA MANAGEMENT GROUP, INC.
26025 CLARKSTON DRIVE
BONITA SPRINGS, FL 34135 US

New Principal Place of Business:

Current Mailing Address:

%BONITA MANAGEMENT GROUP, INC.
26025 CLARKSTON DRIVE
BONITA SPRINGS, FL 34135

New Mailing Address:

FEI Number: 59-3590942 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAUBOLT, ROBERT R CAM
%BONITA MANAGEMENT GROUP, INC.
26025 CLARKSTON DRIVE
BONITA SPRINGS, FL 34135 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: CASSEY, MARY ANN
Address: 12581 WILDCAT COVE CIRCLE
City-St-Zip: ESTERO, FL 33928

Title: PD () Delete
Name: HOSKIN, RICHARD
Address: 12504 WILDCAT COVE CIRCLE
City-St-Zip: ESTERO, FL 33928

Title: VPD () Delete
Name: FORT, GENE
Address: 12535 WILDCAT COVE CIRCLE
City-St-Zip: ESTERO, FL 33928

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change () Addition
Name: HAWKINS, THOMAS
Address: 12568 WILDCAT COVE CIRCLE
City-St-Zip: ESTERO, FL 33928

Title: PD (X) Change () Addition
Name: FORT, GENE
Address: 12535 WILDCAT COVE CIRCLE
City-St-Zip: ESTERO, FL 33928

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: GENE FORT

PD

03/02/2008

Electronic Signature of Signing Officer or Director

_____ Date