

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003096

**FILED**  
**Feb 08, 2012**  
**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:**

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

**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  
Name: GOLDHAWK, KATHY  
Address: 12608 WILDCAT COVE CIRCLE  
City-St-Zip: ESTERO, FL 33928

Title: PD  
Name: CASEY, MARY ANNE  
Address: 12581 WILDCAT COVE CIRCLE  
City-St-Zip: ESTERO, FL 33928

Title: VPD  
Name: WILSON, PAUL  
Address: 12576 WILDCAT COVE CIRCLE  
City-St-Zip: ESTERO, FL 33928

I hereby 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 all other like empowered.

SIGNATURE: MARY ANNE CASEY

PD

02/08/2012

Electronic Signature of Signing Officer or Director

Date