


04-23-2003 90175 005 ****61.25

**2003 NOT-FOR-PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N9900003096

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
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11009846



CHECK HERE IF MAKING CHANGES

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

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

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 _____ DATE _____
Signature (not for use if name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when registering)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE PD NAME FLINN, MILT STREET ADDRESS 24301 WALDEN CENTER DR, SUITE 206 CITY-ST-ZIP BONITA SPRINGS, FL 34134 <input checked="" type="checkbox"/> Delete	
TITLE STD NAME GISLASON, ROBERT STREET ADDRESS 24301 WALDEN CENTER DR, SUITE 206 CITY-ST-ZIP BONITA SPRINGS, FL 34134 <input type="checkbox"/> Delete	
TITLE VPD NAME TIEFENBACH, RENEE STREET ADDRESS 24301 WALDEN CENTER DR, SUITE 206 CITY-ST-ZIP BONITA SPRINGS, FL 34134 <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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE VPD NAME KEITH, SYLVIA STREET ADDRESS 2020 CLUBHOUSE DR. CITY-ST-ZIP SUN CITY CENTER, FL 33571 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE PD NAME TIEFENBACH, RENEE STREET ADDRESS 24301 WALDEN CENTER DR. CITY-ST-ZIP BONITA SPRINGS, FL 34134 <input checked="" 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	
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 trustee or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Book 10 or Book 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Sylvia Keith* SYLVIA KEITH 4/18/03 813-642-1454
AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR20037 (10/02)