


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2007 8:00 am
Secretary of State

07-19-2007 90025 019 ****61.25

DOCUMENT # 755909 1. Entity Name THE VILLAGE AT WILDFLOWER COUNTRY CLUB CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 6796 GASPARILLA PINES BLVD. P.O. BOX 5282 GROVE CITY, FL 34224-9344		Mailing Address 6796 GASPARILLA PINES BLVD. P.O. BOX 5282 GROVE CITY, FL 34224-9344	
2. Principal Place of Business - No P.O. Box # 6796 GASPARILLA PINES		3. Mailing Address 6796 GASPARILLA PINES BLVD	
Suite, Apt. #, etc. UNIT #1		Suite, Apt. #, etc. UNIT #1	
City & State ENGLEWOOD, FL		City & State ENGLEWOOD FL	
Zip 34224		Zip 34224	
Country Charlotte		Country Charlotte	
4. FEI Number 59-2263399		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HERR, JOHN 6796 GASPARILLA PINES BLVD. UNIT 1 ENGLEWOOD, FL 34224		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by September 14, 2007		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			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	TD HERR, JOHN <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	HERR, JOHN	NAME	
STREET ADDRESS	6786 GASPARILLA PINES BLVD UNIT 1	STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD, FL 34224	CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> Delete	TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNS, JAMES	NAME	Bill BAIRD
STREET ADDRESS	6796 GASPARILLA PINES BLVD, UNIT 12	STREET ADDRESS	6796 GASPARILLA PINES BLVD UNIT #4
CITY-ST-ZIP	ENGLEWOOD, FL 34224	CITY-ST-ZIP	ENGLEWOOD FL 34224
TITLE	VD <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	GILLIGAN, JAMES	NAME	
STREET ADDRESS	6796 GASPARILLA PINES BLVD, UNIT 99	STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD, FL 34224	CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> Delete	TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURLEY, GEORGE	NAME	CLARA BURNS
STREET ADDRESS	6796 GASPARILLA PINES BLVD UNIT 68	STREET ADDRESS	6796 GASPARILLA PINES BLVD #12
CITY-ST-ZIP	ENGLEWOOD, FL 34224	CITY-ST-ZIP	ENGLEWOOD FL 34224
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STANKIEWICZ, EDWARD	NAME	BARBARA GUNGER
STREET ADDRESS	6796 GASPARILLA PINES BLVD, 36	STREET ADDRESS	6796 GASPARILLA PINES BLVD #9
CITY-ST-ZIP	ENGLEWOOD, FL 34224	CITY-ST-ZIP	ENGLEWOOD, FL 34224
TITLE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>John Herr Treasurer</u> John HERR		Date <u>7-19-07</u> Daytime Phone # <u>941 698 9171</u>	

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