

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 755909

**Entity Name:** THE VILLAGE AT WILDFLOWER COUNTRY CLUB  
CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Apr 04, 2018**  
**Secretary of State**  
**CC1117182281**

**Current Principal Place of Business:**

2496 CARING WAY  
SUITE B  
PORT CHARLOTTE, FL 33952

**Current Mailing Address:**

2496 CARING WAY  
SUITE B  
PORT CHARLOTTE, FL 33952 US

**FEI Number: 59-2263399**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

FARESE, JAMES  
2335 TAMIAMI TRAIL  
NAPLES, FL 34103 US

*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: JAMES FARESE**

**04/04/2018**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            CONNELLY, JOHN  
Address        2496 CARING WAY  
                 SUITE B  
City-State-Zip: PORT CHARLOTTE FL 33952

Title            VP  
Name            RANDALL, PATRICIA  
Address        2496 CARING WAY  
                 SUITE B  
City-State-Zip: PORT CHARLOTTE FL 33952

Title            SECRETARY  
Name            WILLIAM, BROWN  
Address        2496 CARING WAY  
                 SUITE B  
City-State-Zip: PORT CHARLOTTE FL 33952

Title            TREASURER  
Name            DOBES, JESSIE  
Address        2496 CARING WAY  
                 SUITE B  
City-State-Zip: PORT CHARLOTTE FL 33952

Title            DIRECTOR  
Name            KANSMAN, HARRY  
Address        2496 CARING WAY  
                 SUITE B  
City-State-Zip: PORT CHARLOTTE FL 33952

Title            DIRECTOR  
Name            NASHAWATY, THOMAS  
Address        2496 CARING WAY  
                 SUITE B  
City-State-Zip: PORT CHARLOTTE FL 33952

*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: JOHN CONNELLY**

**PRESIDENT**

**04/04/2018**

Electronic Signature of Signing Officer/Director Detail

Date