

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755909

Entity Name: THE VILLAGE AT WILDFLOWER COUNTRY CLUB
CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**5602 MARQUESAS CIRCLE
#103
SARASOTA, FL 34233**Current Mailing Address:**P.O. BOX 18809
SARASOTA, FL 34276 US**FEI Number:** 59-2263399**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SUNSTATE ASSOCIATION MANAGEMENT GROUP, INC.
5602 MARQUESAS CIRCLE
102-9
SARASOTA, FL 34233 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:** MICHELLE THIBEAULT

03/18/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name STRUTT, GEORGE
Address P.O. BOX 18809
City-State-Zip: SARASOTA FL 34276

Title DIRECTOR
Name CORNA, DON
Address P.O. BOX 18809
City-State-Zip: SARASOTA FL 34276

Title PRESIDENT
Name SMITH, ROBIN
Address P.O. BOX 18809
City-State-Zip: SARASOTA FL 34276

Title DIRECTOR
Name CONNELLY, JOHN
Address P.O. BOX 18809
City-State-Zip: SARASOTA FL 34276

Title DIRECTOR
Name SCHRAGG, MIKE
Address P.O. BOX 18809
City-State-Zip: SARASOTA FL 34276

Title TREASURER
Name MELLO, LINDA
Address P.O. BOX 18809
City-State-Zip: SARASOTA FL 34276

Title DIRECTOR
Name LEGGET, CAROL
Address P.O. BOX 18809
City-State-Zip: SARASOTA FL 34276

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: SMITH , ROBIN

PRESIDENT

03/18/2017

Electronic Signature of Signing Officer/Director Detail

Date