


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 13, 2008 8:00 am**  
**Secretary of State**

03-13-2008 90034 042 \*\*\*\*61.25

<b>DOCUMENT # 734719</b>	
1. Entity Name <b>WILDERNESS CONDOMINIUM ASSOCIATION, INC.</b>	

Principal Place of Business <b>101 CLUBHOUSE DRIVE NAPLES, FL 33942</b>	Mailing Address <b>101 CLUBHOUSE DRIVE NAPLES, FL 33942</b>
--	--

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**40044583**



03032008 Chg-NP CR2E037 (12/06)

4. FEI Number <b>59-1667305</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>BECKER, POLIAKOFF &amp; STREITFELD, P.A. BANK OF AMERICA CENTER 4501 TAMiami TRAIL N., SUITE 214 NAPLES, FL 34103-0000</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		Zip Code	

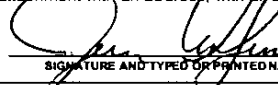
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	19. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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	VP	<input checked="" type="checkbox"/> Delete		TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BAILEY, ANDREW			NAME	Bleasdale, Tom		
STREET ADDRESS	102 WILDERNESS DR., APT 1115			STREET ADDRESS	111 Wilderness Dr., Apt. 118		
CITY-ST-ZIP	NAPLES, FL 34105			CITY-ST-ZIP	Naples, FL 34105		
TITLE	T	<input checked="" type="checkbox"/> Delete		TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THATCHER, ROBERT			NAME	Anfinson, Jerry		
STREET ADDRESS	107 WILDERNESS DR., APT 109			STREET ADDRESS	108 Clubhouse Dr., Apt. 364		
CITY-ST-ZIP	NAPLES, FL 34105			CITY-ST-ZIP	Naples, FL 34105		
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHEILDS, NANCY			NAME			
STREET ADDRESS	100 TALL PINE LN., APT 1104			STREET ADDRESS			
CITY-ST-ZIP	NAPLES, FL 34105			CITY-ST-ZIP			
TITLE	P	<input checked="" type="checkbox"/> Delete		TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LIBER, JACK			NAME	Byerhof, Lloyd		
STREET ADDRESS	107 WILDERNESS DR., APT. 112			STREET ADDRESS	100 Wilderness Way, Apt. 248		
CITY-ST-ZIP	NAPLES, FL 34105			CITY-ST-ZIP	Naples, FL 34105		
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WYNN, DAN			NAME			
STREET ADDRESS	107 WILDERNESS DR., APT 311			STREET ADDRESS			
CITY-ST-ZIP	NAPLES, FL 34105			CITY-ST-ZIP			
TITLE	S	<input checked="" type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WALKER, MICHAEL			NAME	Walker, Michael		
STREET ADDRESS	109 WILDERNESS DR., APT 215			STREET ADDRESS	109 Wilderness Dr., Apt. 215		
CITY-ST-ZIP	NAPLES, FL 34105			CITY-ST-ZIP	Naples, FL 34105		

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:**  **Jerry Anfinson** 3-7-08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #