2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734719

FILED Mar 12, 2009 Secretary of State

Entity Name: WILDERNESS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

101 CLUBHOUSE DRIVE 101 CLUBHOUSE DRIVE NAPLES, FL 33942 NAPLES, FL 34105

Current Mailing Address: New Mailing Address:

101 CLUBHOUSE DRIVE 101 CLUBHOUSE DRIVE NAPLES, FL 33942 NAPLES, FL 34105

FEI Number: 59-1667305 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

BECKER, POLIAKOFF & STREITFELD, P.A. 999 VANDERBILT BEACH ROAD SUITE 501 NAPLES, FL 34108 US

OFFICERS AND DIRECTORS:

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete BLEASDALE, TOM GRUNWELL, PETER Name: Name:

111 WILDERNESS DR. APT. 118 Address: 106 CLUBHOUSE DR., NO. 167 Address:

City-St-Zip: NAPLES, FL 34105 City-St-Zip: NAPLES, FL 34105

Title: () Delete Title: () Change () Addition

ANFINSON, JERRY Name: Name: Address: 108 CLUBHOUSE DR. APT. 364 Address: City-St-Zip: NAPLES, FL 34105 City-St-Zip:

Title: () Delete Title: (X) Change () Addition

SHEILDS, NANCY Name: BARRY, JULIANNE Name:

100 TALL PINE LN., APT 1104 103 CLUBHOUSE DR., NO. 350 Address: Address:

City-St-Zip: NAPLES, FL 34105 City-St-Zip: NAPLES, FL 34105

Title: () Delete Title: () Change () Addition

BYERHOF, LLOYD Name: Name: 100 WILDERNESS WAY, APT. 248 Address: Address: City-St-Zip: NAPLES, FL 34105 City-St-Zip:

Title: () Delete Title: (X) Change () Addition

WYNN, DAN FITZPATRICK, JAMES Name: Name:

107 WILDERNESS DR., APT 311 100 TALL PINE LANE, NO. 2102 Address: Address:

City-St-Zip: NAPLES, FL 34105 City-St-Zip: NAPLES, FL 34105

Title: () Delete Title: () Change () Addition

WALKER, MICHAEL Name: Name: Address: 109 WILDERNESS DR. APT. 215 Address: NAPLES, FL 34105 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JERRY ANFINSON Т 03/12/2009