

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90224 036 \*\*\*\*61.25

**DOCUMENT #751418**

1. Entity Name  
**WILDEWOOD SPRINGS II-C CONDOMINIUM  
ASSOCIATION, INC.**



Principal Place of Business  
**5041 RINGWOOD AVE STE 2  
SARASOTA, FL 34235**

Mailing Address  
**5041 RINGWOOD AVE STE 2  
B  
SARASOTA, FL 34235**



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

01182008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-2011196**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PAMI MANAGEMENT, INC.  
5041 RINGWOOD MEADOW STE 2  
SARASOTA, FL 34235**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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 PD ☐ Delete  
NAME HARTMAN, RICHARD  
STREET ADDRESS 228 LAKEWOOD DR  
CITY-ST-ZIP BRADENTON, FL 34210

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DV ☐ Delete  
NAME FUERHAUPTER, WERNER  
STREET ADDRESS 306 TIMBERLAKE DR  
CITY-ST-ZIP BRADENTON, FL 34210

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME BUSCH, HYMAN  
STREET ADDRESS 224 LAKEWOOD DR  
CITY-ST-ZIP BRADENTON, FL 34210

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☐ Delete  
NAME BERCHTOLD, DON  
STREET ADDRESS 215 LAKEWOOD DR  
CITY-ST-ZIP BRADENTON, FL 34210

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☐ Delete  
NAME FLEMING, MORAY  
STREET ADDRESS 201 LAKEWOOD DR  
CITY-ST-ZIP BRADENTON, FL 34210

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 approvals.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #