

FILE NOW: FILING FEE IS \$61.25

FILED
May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **765308** (2)
1. Corporation Name
WILDEWOOD SPRINGS II COMMUNITY ASSOCIATION, INC.



Principal Place of Business 2055 WOOD ST #202 P. O. BOX 6165 SARASOTA FL 34237	Mailing Address 2055 WOOD ST #202 P. O. BOX 6165 SARASOTA FL 34237-7945
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3. Date Incorporated or Qualified 10/06/1982	3a. Date of Last Report 05/01/1996
4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PROPERTY & ACCOUNTING MGT INC
2055 WOOD STREET SUITE 202
SARASOTA FL 34237**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SCHAEFER, WILLIAM	
STREET ADDRESS	164 PINENEEDLE	
CITY-ST-ZIP	BRADENTON, FL 00000	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ARENTSEN, ROBERT	
STREET ADDRESS	131 TIDEWATER	
CITY-ST-ZIP	BRADENTON, FL 00000	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	JORET, VERNY	
STREET ADDRESS	217 PINENEEDLE	
CITY-ST-ZIP	BRADENTON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MILLER, HOWARD	
STREET ADDRESS	208 LAKEWOOD	
CITY-ST-ZIP	BRADENTON, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BENCIN, DONALD	
STREET ADDRESS	101 TIDEWATER	
CITY-ST-ZIP	BRADENTON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SILVERSTEIN, ARTHUR	
STREET ADDRESS	147 PINENEEDLE	
CITY-ST-ZIP	BRADENTON FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Schuler, Robert	
1.3 STREET ADDRESS	102 Tidewater	
1.4 CITY-ST-ZIP	Bradenton, FL	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Arentsen, Robert	
2.3 STREET ADDRESS	131 Tidewater	
2.4 CITY-ST-ZIP	Bradenton, FL	
3.1 TITLE	v/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Joret, Vernoy	
3.3 STREET ADDRESS	217 Pineneedle	
3.4 CITY-ST-ZIP	Bradenton, FL	
4.1 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Hartman, Richard	
4.3 STREET ADDRESS	228 Lakewood	
4.4 CITY-ST-ZIP	Bradenton, FL	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Wiley, Jean	
5.3 STREET ADDRESS	189 Pineneedle	
5.4 CITY-ST-ZIP	Bradenton, FL	
6.1 TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Silverstein, Arthur	
6.3 STREET ADDRESS	147 Pineneedle	
6.4 CITY-ST-ZIP	Bradenton, FL	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 063306

CR2E037 (9/96)