

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 19, 1999 8:00 am
Secretary of State

05-19-1999 90001 007 ***306.25

DOCUMENT # 765308

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date incorporated or Qualified

10/06/1982

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 SD
NAME SCHULER, ROBERT
STREET ADDRESS 102 TIDEWATER
CITY-ST-ZIP BRADENTON, FL 00000 ☐ DELETE

TITLE D
NAME ARENTSEN, ROBERT
STREET ADDRESS 131 TIDEWATER
CITY-ST-ZIP BRADENTON, FL 00000 ☐ DELETE

TITLE DV
NAME KUFLOCK, SIDNEY
STREET ADDRESS 151 WILD PALM
CITY-ST-ZIP BRADENTON FL 34210 ☒ DELETE

TITLE D
NAME MILLER, HOWARD
STREET ADDRESS 208 LAKEWOOD
CITY-ST-ZIP BRADENTON, FL 00000 ☐ DELETE

TITLE D
NAME WILEY, JEAN
STREET ADDRESS 189 PINENEEDLE
CITY-ST-ZIP BRADENTON FL ☐ DELETE

TITLE TD
NAME SILVERSTEIN, ARTHUR
STREET ADDRESS 147 PINENEEDLE
CITY-ST-ZIP BRADENTON FL ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE DV
3.2 NAME Clark, Fred
3.3 STREET ADDRESS 109 Wild Palm
3.4 CITY-ST-ZIP Bradenton, FL 34210 ☐ Change ☒ Addition

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)