


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 17, 2004 8:00 am**  
**Secretary of State**

05-17-2004 90561 001 \*\*\*183.75

<b>DOCUMENT # 765308</b>				
1. Entity Name <b>WILDEWOOD SPRINGS II COMMUNITY ASSOCIATION, INC.</b>				
Principal Place of Business <b>4983 RINGWOOD MEADO SARASOTA FL 34235</b>		Mailing Address <b>4983 RINGWOOD MEADO SARASOTA FL 34235</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
6. Name and Address of Current Registered Agent <b>PAMI MANAGEMENT INC. 4983 RINGWOOD MEADOW SARASOTA FL 34235</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		

**66422511**



MOORE CR2E037 (11/03)

4. FEI Number **NO-T APPLICABLE** Applied For  
Not Applicable

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

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 \_\_\_\_\_

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD BOLAND, CALVIN 154 WILDPALM DR. BRADENTON FL 34210</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD AVENTSON, ROBERT 131 TIDEWATER BRADENTON FL 34210</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ARENTSON, ROBERT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>AP. 2/10/04</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD HARTMAN, ARTHUR R 228 LAKEWOOD BRADENTON FL 34210</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WILEY, JEAN 189 PINENEEDLE BRADENTON FL 34210</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV WILEY, JEAN 189 PINENEEDLE BRADENTON, FL 34210</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D OLSON, LEONARD 169 PINE NEEDLE BRADENTON, FL 34210</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SMITH, HAZEL 223 LAKEWOOD BRADENTON, FL 34210</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #