


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-01-2008 90224 035 \*\*\*\*61.25

<b>DOCUMENT # 765308</b>					
<b>1. Entity Name</b> WILDEWOOD SPRINGS II COMMUNITY ASSOCIATION, INC.					
<b>Principal Place of Business</b> 5041 RINGWOOD MEADOW STE 2 SARASOTA, FL 34235			<b>Mailing Address</b> 5041 RINGWOOD MEADOW STE 2 B SARASOTA, FL 34235		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> NOT APPLICABLE	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  PAMI MANAGEMENT INC. 5041 RINGWOOD MEADOW STE 2 SARASOTA, FL 34235			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> TD	<b>NAME</b> BOLAND, CAL	<input type="checkbox"/> Delete	<b>TITLE</b> P/D	<b>NAME</b> A CLARKE, ROBERT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 154 WILD PALM	217 PINENEEDLE DR				
<b>CITY-ST-ZIP</b> BRADENTON, FL 34210	BRADENTON, FL 34210				
<b>TITLE</b> PD	<b>NAME</b> HARTMAN, ARTHUR R	<input type="checkbox"/> Delete	<b>TITLE</b> VP/D	<b>NAME</b> ROXANNE FOX-ZACK, ROXANNE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 228 LAKEWOOD	141 PINENEEDLE DR				
<b>CITY-ST-ZIP</b> BRADENTON, FL 34210	BRADENTON, FL 34210				
<b>TITLE</b> DV	<b>NAME</b> MCDONALD, CHARLES	<input type="checkbox"/> Delete	<b>TITLE</b> S/D	<b>NAME</b> MCDONALD, CHARLES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 106 TIDEWATER	201 LAKEWOOD DR				
<b>CITY-ST-ZIP</b> BRADENTON, FL 34210	BRADENTON, FL 34210				
<b>TITLE</b> SD	<b>NAME</b> OLSON, LEONARD	<input type="checkbox"/> Delete	<b>TITLE</b> T/D	<b>NAME</b> MCDONALD, CHARLES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 169 PINE NEEDLE	106 TIDEWATER DR				
<b>CITY-ST-ZIP</b> BRADENTON, FL 34210	BRADENTON, FL 34210				
<b>TITLE</b> NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>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 empowered.</b>					
<b>SIGNATURE:</b> _____ <i>Wesley J. Leary</i> <span style="float: right;">4/29/08</span>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					