

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 01 1998 8:00am
Secretary of State

| | | |
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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # N04689 (8)
1. Corporation Name
WILDEWOOD PLAZA MERCHANTS ASSOCIATION, INC.

| | |
|--|--|
| Principal Place of Business C/O K. BYRNES, BOOKKEEPER 4711 26TH AVE WEST BRADENTON FL 34209-6101 | Mailing Address C/O K. BYRNES, BOOKKEEPER 4711 26TH AVE WEST BRADENTON FL 34209-6101 |
|--|--|

3. Date Incorporated or Qualified

08/14/1984

4. FEI Number

59-2461037

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BYRNES, KAREN L.
4711 26 AVE. WEST
BRADENTON FL 34209**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----------------|----------------------------|---------------------------------|
| TITLE | DPS | <input type="checkbox"/> DELETE |
| NAME | BYRNES, KAREN L. | |
| STREET ADDRESS | 4711 26TH AVENUE W. | |
| CITY-ST-ZIP | BRADENTON FL | |

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |

| | | |
|----------------|---------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | MAUREEN BALTZER | |
| STREET ADDRESS | 4105 CORTEZ RD. W. | |
| CITY-ST-ZIP | BRADENTON FL | |

| | |
|--------------------|---|
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |

| | | |
|----------------|-------------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | FURMAN, BEN | |
| STREET ADDRESS | 4105 CORTEZ RD W | |
| CITY-ST-ZIP | BRADENTON FL | |

| | |
|--------------------|--|
| 3.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | PAUL NEAL |
| 3.3 STREET ADDRESS | 3711 CORTEZ RD. W. |
| 3.4 CITY-ST-ZIP | BRADENTON, FL 34210 |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | |
|--------------------|---|
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | |
|--------------------|---|
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | |
|--------------------|---|
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: **Karen L. Byrnes** *Karen L. Byrnes* **Secretary** **03/6/98** **941 756-0677** **4309**

CR2E037 (10/97)