

FILE NOW. FILING FEE IS \$61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**


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

DOCUMENT # N04689

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



FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90030 003 ****61.25

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		08/14/1984	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2461037	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
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 _____ DATE _____					
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE _____ <input type="checkbox"/> DELETE			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME BYRNES, KAREN L.			1.2 NAME		
STREET ADDRESS 4711 26TH AVENUE W.			1.3 STREET ADDRESS		
CITY-ST-ZIP BRADENTON FL			1.4 CITY-ST-ZIP		
TITLE D <input checked="" type="checkbox"/> DELETE			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME MAUREEN BALTZER			2.2 NAME		
STREET ADDRESS 4105 CORTEZ RD. W.			2.3 STREET ADDRESS		
CITY-ST-ZIP BRADENTON FL			2.4 CITY-ST-ZIP		
TITLE D <input type="checkbox"/> DELETE			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME NEAL, PAUL			3.2 NAME		
STREET ADDRESS 3711 CORTEZ RD W			3.3 STREET ADDRESS		
CITY-ST-ZIP BRADENTON FL 34210			3.4 CITY-ST-ZIP		
TITLE D <input type="checkbox"/> DELETE			4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME ROBERT KARSHNER			4.2 NAME		
STREET ADDRESS 4105 CORTEZ ROAD W.			4.3 STREET ADDRESS		
CITY-ST-ZIP Bradenton, FL 34210			4.4 CITY-ST-ZIP		
TITLE _____ <input type="checkbox"/> DELETE			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE _____ <input type="checkbox"/> DELETE			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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:

Katherine Harris
KATHERINE HARRIS, SECRETARY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-99

Date

941560677X309

Daytime Phone #

CR2E037 (11/98)