FILED May 02, 2007 8:00 am Secretary of State

2007	NOT-FOR-PROFIT CORPORATION
** .	ANNUAL REPORT

DOCUMENT # N07027 1. Entity Name WYLDEWOOD VILLAGE I OF CROSS CREEK CONDOMINIUM ASSOCIATION, INC.								01 042 ****61.2			
16681 MCGREGOR BLVD 166			Mailing Address 16681 MCGREGOR BLVD # 104			3 v -					
			FT MYERS, FL 33908 US								
2. Principal Place of Business - No P.O. Box #			3. Mailing Address								
Suite, Apt. #, etc.		Su	Suite, Apt. #, etc.			04072007 Ch	ng-NP	CR2E037 (12/06)			
City & State	e	Cit	City & State			4. FEI Number 59-252953	5	No.	oplied For ot Applicable		
Zip	Country	Ziç	Zip Cou			5. Certificate of Sta	atus Desired	See Require	ditional d		
 , , ,	6. Name and Address of Cun	ent Régistere	d Agent	Name		7. Name and Add	ress of New Re	gistered Agent			
TOP MANA	AGEMENT OF SW FLORID	A, INC						<u> </u>			
	GREGOR BLVD			Street Add	iress (P	P.O. Box Number is N	Not Acceptable)				
# 104 FT MYERS	S. FL 33908							·····			
FT MYERS, FL 33908				City	FL Zip Code						
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when refustating) DATE											
Filing Fee is \$61.25 Due by May 1, 2007 9. Election Campaign F Trust Fund Contributi					 j	\$5.00 May Be Added to Fees	Florid	ke check payable to la Department of S	tate		
10.	OFFICERS AND	DIRECTORS		11.	Α	ADDITIONS/CHANG	ES TO OFFICER	S AND DIRECTORS IN			
TITLE NAME	P KERSEY, GARY		Delete	TITLE NAME				☐ Change	Addition		
l			STREET ADDRESS								
CITY-ST-ZIP	FT. MYERS, FL 33912			CITY-ST-ZIP			<u> </u>	· · · · · · · · · · · · · · · · · · ·			
TITLE	S/T		Delete	TITLE				☐ Change	Addition		
NAME STREET ADDRESS	BOHN, WILLIAM 13255 WHITE MARSH LANE			NAME STREET ADDRESS							
CITY-ST-ZIP	FT MYERS, FL 33912	_		CITY-ST-ZIP	· · · · · · · · · · · · · · · · · ·						
IIILE	.D		— ☐ Delete	TITLE -			- ·· - ·	Change	☐ Addition		
NAME STREET ADDRESS	SEALOCK, DON 13273 WHITE MARSH LANE	<u> </u>		NAME STREET ADDRESS							
CITY-ST-ZIP	FT MYERS, FL 33912			CITY-ST-ZIP							
TITLE	VP .		Delete	TITLE			·	☐ Change	Addition		
NAME STREET ADDRESS	MCADOO, JOHN 13255 WHITE MARSH LANE	=		NAME STREET ADDRESS					·		
CITY-ST-ZIP	FT MYERS, FL 33912	-		CITY-ST-ZIP							
TITLE	VP	··	☐ Delete	TITLE				☐ Change	☐ Addition		
NAME	EIFLER, RICHARD	_		NAME.					ï		
STREET ADDRESS CITY-ST-ZIP	13273 WHITE MARSH LANE FT MYERS, FL 33912	:		STREET ADDRESS CITY-ST-ZIP					ı		
TITLE			☐ Delete	TITLE	_			Change	☐ Addition		
NAME				NAME							
STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP							
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 reportes 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 originals, with a property of the corporation of the corporation or the receiver of the corporation of the corporatio											
			11-11	-			//				
SIGNATURE: SIGNATURE AND TYPED OF SENTED NAME OF SIGNING OFFICER OR DIRECTOR Day Day Day Day Day Day Day											