


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90082 045 \*\*\*\*61.25

<b>DOCUMENT # N30605</b> 1. Entity Name <b>THE LAKESIDE VILLAS AT WILDCAT RUN CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>20961 WILDCAT RUN DR ESTERO, FL 33928 US</b>			Mailing Address <b>20961 WILDCAT RUN DR ESTERO, FL 33928 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		01132008    Chg-NP    CR2E037 (12/06)	
Zip		Country		4. FEI Number <b>65-0167042</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>KAUTZ, WILLIAM 20961 WILDCAT RUN DR ESTERO, FL 33928</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>			9. Election Campaign Financing 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>			10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
PD KAUTZ, WILLIAM 20961 WILDCAT RUN DR ESTERO, FL 33928			VPD VANDERHOOF, VIRGINIA 20941 WILDCAT RUN DR ESTERO, FL 33928		
TD GIANNOBILE, THEODORE 20971 WILDCAT RUN DR ESTERO, FL 33928			SD BISHOP, PAMELA 20911 WILDCAT RUN DR ESTERO, FL 33928		
VP JOHN MCGINNIS 20911 WILDCAT RUN DR ESTERO, FL 33928			VP JOHN MCGINNIS 20911 WILDCAT RUN DR ESTERO, FL 33928		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME 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 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: <i>W. R. Kautz</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
Daytime Phone #			239-992-8535		