## **FILE NOW: FILING FEE IS \$61.25**

Mailing Address

2a. Mailing Address

PO BOX 2552 FT MYERS BCH FL 33932 US

NONPROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

2. Principal Place of Business

SIGNATURE:

290 ESTRELLITA DR FT MYERS BCH FL 33931 US



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # N9300005381 (9)

WILDWOOD FOUNDATION, INC.

## FILED Feb 03 1998 8:00am Secretary of State

Applied For Not Applicable

 Date Incorporated or Qualified 11/30/1993

4. FEI Number

21		26	·				5.	Certificate of Status Desired		Fee Re	equired	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					6.	Election Campaign Financing	··	\$5.00	May Be	
22		27					]	Trust Fund Contribution		Added to		
City & Stat	e	City & State					7.	Is this nonprofit corporation a	homeowner	s associatio	n?	
23		28						, ,	Yes	□No		
Zip	Country	Zlp		Count	ry		8.	This corporation owes or has	pald the cur	rent year Int	angible	
24	25	29		30				Personal Property Tax due Ju	ne 30. 🔝 🖺	Yes [	] No	
Name and Address of Current Registered Agent							10.	Name and Address of New I	Registered A	Agent		
						ame						
BRAUN, KELLY M 800 LAUREL OAK DR.					82 Street Address (P.O. Box Number is Not Acceptable)							
					Strock radiago (1.10) Box starting to receptable							
SUITE 400					3							
NAPLES FL 44963-2738					4 C					leel ===	<del></del> -	
				84	4 0	ity			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											s 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)												
12.	OFFICERS AND DIRECTORS			13.				ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 12	
TITLE	D	E	DELETE	1.1 TITLE						Change     ■ Change	Addition	
NAME	HALL, RICHARD S			1,2 NAME	E	1					}	
STREET ADDRESS	280 ESTRELLITA DR			1.3 STREE		AESS .					I	
CITY-ST-ZIP	FT MYERS BCH FL			1.4 CITY					339	31		
TITLE	n		DELETE	2.1 TITLE		<del></del>				Change	Addition	
NAME	HALL RICHARD S JR	_	<del></del>	2.2 NAME		İ				_		
STREET ADDRESS	12 SUFFOLK ST			2.3 STREE		RESS					1	
1	FAIRPORT NY			2.4 CITY					144	$\Gamma O$		
CITY-ST-ZIP TITLE	D		DELETE	3.1 TITLE		<u>r</u>		<del></del>	1,10	Change	Addition	
NAME	DITCH, DENNIS E	_		3.2 NAME								
STREET ADORESS	COUNTY RD #40			3.3 STREE		pree						
-	BLOOMFIELD NY					1						
CITY-ST-ZIP TITLE	D DELETE				3.4. CITY-ST-ZIP 4.1 TITLE					Change	Addition	
NAME	FOX. P R				4. 2 NAME							
											ļ	
STREET ADDRESS	135 CORPORATE WOODS, SUITE 300 ROCHESTER NY 14623				4.3 STREET ADDRESS 4.4 CITY-ST-ZIP						i	
CITY-ST-ZIP	S NOCHESTER NT 14023	г	DELETE	4.4 CITY - 5.1 TITLE		,			· · · · · · · · · · · · · · · · · · ·	Change	Addition	
· · · · · · · · · · · · · · · · · · ·	•		DELETE			İ			•	nualing p		
NAME	MIRABELLA, JANICE I			5.2 NAME								
STREET ADDRESS					5.3 STREET ADDRESS				22	93/		
CITY-ST-ZIP	FT MYERS BCH FL		DELETE	5.4 CITY-		<u> </u>				Change	Addition	
TITLE	D	L	T NEFEIS	6.1 TITLE						CM Custige	L AUGUION	
NAME	HALL, WILLIAM R			6.2 NAME							ļ	
STREET ADDRESS	12 SUFFOLK ST			6.3 STREE		1			11111	50	f	
CITY-ST-ZIP	FAIRPORT NY	elata diffa t -	and anothers	6.4 CITY-				- 110 07(0\() G11- 0t	<u>. (                                   </u>		!########	
14. I hereby o	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 o	director of the corporation or the receive	er or trustee en	npowered to ex	ecute this	repo	ort as requir	ed b	y Chapter 617, Florida Statutes	s; and that m	у пате арг	pears in	