

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000002015 (3)**

1. Corporation Name

WYNDEMERE LEGAL DEFENSE FUND, INC.

Principal Place of Business

Mailing Address

**893 WYNDEMERE WAY
NAPLES FL 33999**

**893 WYNDEMERE WAY
NAPLES FL 33999**

2. Principal Place of Business

21 415 EDGEEMERE WAY N.

2a. Mailing Address

26 415 EDGEEMERE WAY N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 NAPLES, FL.

City & State

28 NAPLES, FL.

Zip

24 34105

Country

25 USA

Zip

29 34105

Country

30 USA

9. Name and Address of Current Registered Agent

**SLYE, W F
893 WYNDEMERE WAY
NAPLES FL 33999**

3. Date Incorporated or Qualified

04/15/1996

4. FEI Number

65-0658231

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

WARREN SPICKA

82 Street Address (P.O. Box Number is Not Acceptable)

415 EDGEEMERE WAY N.

83

84 City

NAPLES

FL

85 Zip Code

34105

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

Warren Spicka

2/12/98

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SLYE, W F	
STREET ADDRESS	893 WYNDEMERE WAY	
CITY - ST - ZIP	NAPLES FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	RICKS, JAY	
STREET ADDRESS	425 ROSEMEADE LANE	
CITY - ST - ZIP	NAPLES FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HOPFINGER, FRED	
STREET ADDRESS	141 EDGEEMERE WAY SOUTH	
CITY - ST - ZIP	NAPLES FL	

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

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR + SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	WARREN SPICKA	
1.3 STREET ADDRESS	415 EDGEEMERE WAY N.	
1.4 CITY - ST - ZIP	NAPLES, FL. 34105	

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

3.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	THEODORE NYLISE	
3.3 STREET ADDRESS	442 ROSEMEADE LANE	
3.4 CITY - ST - ZIP	NAPLES, FL. 34105	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 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		

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 change, or on an attachment with an address.

SIGNATURE:

Warren Spicka

2/12/98

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0061518

CR2E037 (10/97)