


**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90070 029 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N98000000222</b>					
1. Corporation Name <b>WILDCAT RUN EQUITY ASSOCIATION, INC.</b>					
Principal Place of Business 1625 HENDRY ST., SUITE 301 FT. MYERS FL 33901			Mailing Address 1625 HENDRY ST., SUITE 301 FT. MYERS FL 33901		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/14/1998	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0808946	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	10. Name and Address of New Registered Agent	
9. Name and Address of Current Registered Agent				81 Name	
HART, THOMAS B 1625 HENDRY ST., SUITE 301 FT. MYERS FL 33901				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	PD
STREET ADDRESS		1.2 NAME	JOHN CAREY
CITY-ST-ZIP		1.3 STREET ADDRESS	12166 WATER OAK DRIVE
		1.4 CITY-ST-ZIP	ESTERO, FL 33928
		2.1 TITLE	VD
		2.2 NAME	ROBERT CARSTENSEN
		2.3 STREET ADDRESS	20581 WILDCAT RUN DRIVE
		2.4 CITY-ST-ZIP	ESTERO, FL 33928
		3.1 TITLE	SD
		3.2 NAME	JOSEPH CARON
		3.3 STREET ADDRESS	12397 EAGLE COURT
		3.4 CITY-ST-ZIP	ESTERO, FL 33928
		4.1 TITLE	TD
		4.2 NAME	M. PATRICIA KREUTZER
		4.3 STREET ADDRESS	12476 WATER OAK DRIVE
		4.4 CITY-ST-ZIP	ESTERO, FL 33928
		5.1 TITLE	D
		5.2 NAME	JOHN CIALLELLI
		5.3 STREET ADDRESS	12711 WATER OAK DRIVE
		5.4 CITY-ST-ZIP	ESTERO, FL 33928
		6.1 TITLE	D
		6.2 NAME	TONY DI CICCO
		6.3 STREET ADDRESS	12186 WATER OAK DRIVE
		6.4 CITY-ST-ZIP	ESTERO, FL 33928

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:

*M. Patricia Kreutzer*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**M. PATRICIA KREUTZER**

1/13/99

(941) 495-1195

Date

Daytime Phone #