

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 25, 1999 8:00 am**  
**Secretary of State**

04-25-1999 90017 001 \*\*\*735.00

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N98000006986**

1. Corporation Name

**CYPRESS COVE III AT WILDCAT RUN CONDOMINIUM ASSO  
CIATION, INC.**

Principal Place of Business

**24301 WALDEN CENTER DRIVE STE. 300  
BONITA SPRINGS FL 34134**

Mailing Address

**24301 WALDEN CENTER DRIVE STE. 300  
BONITA SPRINGS FL 34134**



2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip Country

**24** **25**

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip Country

**29** **30**

3. Date Incorporated or Qualified

**12/10/1998**

4. FEI Number

**59-3551967**

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

9. Name and Address of Current Registered Agent

**HASTINGS, VIVIEN N  
24301 WALDEN CENTER DRIVE STE. 300  
BONITA SPRINGS FL 34134**

10. Name and Address of New Registered Agent

**81** Name

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

**83**

**84** City

**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 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

12. OFFICERS AND DIRECTORS

**D** ☒ DELETE  
**CROSS, WANDA**  
STREET ADDRESS **24301 WALDEN CENTER DRIVE STE. 300**  
CITY-ST-ZIP **BONITA SPRINGS FL 34134**

**D** ☒ DELETE  
**EBENGER, MARY B**  
STREET ADDRESS **24301 WALDEN CENTER DRIVE STE. 300**  
CITY-ST-ZIP **BONITA SPRINGS FL 34134**

**D** ☒ DELETE  
**SCHMOYER, JERRY H**  
STREET ADDRESS **24301 WALDEN CENTER DRIVE STE. 300**  
CITY-ST-ZIP **BONITA SPRINGS FL 34134**

☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**1.1** TITLE **DP** ☐ Change ☒ Addition  
**1.2** NAME **R. Stephen Pate**  
**1.3** STREET ADDRESS **24301 Walden Center Drive**  
**1.4** CITY-ST-ZIP **Bonita Springs, FL 34134**

**2.1** TITLE **DV** ☐ Change ☒ Addition  
**2.2** NAME **Milton G. Flinn**  
**2.3** STREET ADDRESS **24301 Walden Center Drive**  
**2.4** CITY-ST-ZIP **Bonita Springs, FL 34134**

**3.1** TITLE **DST** ☐ Change ☒ Addition  
**3.2** NAME **Philip Guido**  
**3.3** STREET ADDRESS **24301 Walden Center Drive**  
**3.4** CITY-ST-ZIP **Bonita Springs, FL 34134**

**4.1** TITLE ☐ Change ☐ Addition  
**4.2** NAME  
**4.3** STREET ADDRESS  
**4.4** CITY-ST-ZIP

**5.1** TITLE ☐ Change ☐ Addition  
**5.2** NAME  
**5.3** STREET ADDRESS  
**5.4** CITY-ST-ZIP

**6.1** TITLE ☐ Change ☐ 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

3/15/99

(941) 947-2600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)