

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Feb 16 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000081277 (0)

1. Corporation Name

WILDCAT RUN OF LEE COUNTY, INC.



Principal Place of Business

24301 WALDEN CENTER DRIVE  
BONITA SPRINGS FL 34134

Mailing Address

24301 WALDEN CENTER DRIVE  
BONITA SPRINGS FL 34134

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

09/18/1997

4. FEI Number

59-3467946

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

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

JOHNSON, KENNETH R  
4001 TAMiami TRAIL NORTH  
SUITE 300  
NAPLES FL 34103

10. Name and Address of New Registered Agent

81 Name

Vivien N. Hastings

82

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

2401 Walden Center Drive

83

Suite 300

84

City

Bonita Springs

FL

85 Zip Code

34134

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 I accept the obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

*Vivien N. Hastings*

(NOTE: Registered Agent signature required when reinstating)

1/21/98

DATE

12. OFFICERS AND DIRECTORS

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	
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	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Jerry H. Schmoyer	
1.3 STREET ADDRESS	24301 Walden Center Drive	
1.4 CITY-ST-ZIP	Bonita Springs, FL 34134	
2.1 TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Albert F. Moscato, Jr.	
2.3 STREET ADDRESS	24301 Walden Center Drive	
2.4 CITY-ST-ZIP	Bonita Springs, FL 34134	
3.1 TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Mary Beth Ebenger	
3.3 STREET ADDRESS	24301 Walden Center Drive	
3.4 CITY-ST-ZIP	Bonita Springs, FL 34134	
4.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Steven C. Adelman	
4.3 STREET ADDRESS	24301 Walden Center Drive	
4.4 CITY-ST-ZIP	Bonita Springs, FL 34134	
5.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	David L. Fry	
5.3 STREET ADDRESS	24301 Walden Center Drive	
5.4 CITY-ST-ZIP	Bonita Springs, FL 34134	
6.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Vivien N. Hastings	
6.3 STREET ADDRESS	24301 Walden Center Drive	
6.4 CITY-ST-ZIP	Bonita Springs, FL 34134	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Vivien N. Hastings*

1/21/98

(941) 498-8213

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Deputy Phone # 0441688

CR2E034 (10/97)