

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # P97000081277**

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**

**FILED**  
**Mar 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90024 003 \*\*\*900.00



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 the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HASTINGS, VIVIEN N  
2401 WALDEN CENTER DRIVE  
SUITE 300  
BONITA SPRINGS FL 34134**

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 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 accept the obligations of, Section 607.0505, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	SCHMOYER, JERY H	
STREET ADDRESS	24301 WALDEN CENTER DRIVE	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	MOSCATO, ALBERT F JR	
STREET ADDRESS	24301 WALDEN CENTER DRIVE	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	EBENGER, MARY BETH	
STREET ADDRESS	24301 WALDEN CENTER DRIVE	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	ADELMAN, STEVEN C	
STREET ADDRESS	24301 WALDEN CENTER DRIVE	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	V	<input type="checkbox"/> DELETE
NAME	FRY, DAVID L	
STREET ADDRESS	24301 WALDEN CENTER DRIVE	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HASTINGS, VIVIEN N	
STREET ADDRESS	24301 WALDEN CENTER DRIVE	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	

11 TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	R. Stephen Pate	
13 STREET ADDRESS	24301 Walden Center Drive	
14 CITY-ST-ZIP	Bonita Springs, FL 34134	
21 TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Milton G. Flinn	
23 STREET ADDRESS	24301 Walden Center Drive	
24 CITY-ST-ZIP	Bonita Springs, FL 34134	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Stephen C. Pierce	
43 STREET ADDRESS	24301 Walden Center Drive	
44 CITY-ST-ZIP	Bonita Springs, FL 34134	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Vivien Hastings, Secretary**

2/11/99

(941) 947-2600

Date

Daytime Phone #

CR2E034 (11/98)