

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

FILED
Mar 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000092075 (5)

1. Corporation Name

WILDCAT RUN OF LEE COUNTY GOLF & COUNTRY CLUB, I NC.

Principal Place of Business

24301 WALDEN CENTER DR., STE. 300
BONITA SPRINGS FL 34134

Mailing Address

24301 WALDEN CENTER DR., STE. 300
BONITA SPRINGS FL 34134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/27/1997

4. FEI Number

65-0792589

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 Suite, Apt. #, etc.

25 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

28 Zip

29 Country

9. Name and Address of Current Registered Agent

HASTINGS, VIVIEN N
24301 WALDEN CENTER DR., 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 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

TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHMOYER, JERRY H	
STREET ADDRESS	24301 WALDEN CENTER DR., STE. 300	
CITY - ST - ZIP	BONITA SPRINGS FL 34134	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FRY, DAVID L	
STREET ADDRESS	24301 WALDEN CENTER DR., STE. 300	
CITY - ST - ZIP	BONITA SPRINGS FL 34134	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DISTEFANO, PAUL L	
STREET ADDRESS	24301 WALDEN CENTER DR., STE. 300	
CITY - ST - ZIP	BONITA SPRINGS FL 34134	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		

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	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Vivien N. Hastings	
4.3 STREET ADDRESS	24301 Walden Center Drive	
4.4 CITY - ST - ZIP	Bonita Springs, FL 34134	

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 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, Secretary

2/11/98

(941) 947-2600

CR2E034 (10/97)