

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755909

Entity Name: THE VILLAGE AT WILDFLOWER COUNTRY CLUB
CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

6796 GASPARILLA PINES BLVD.
ENGLEWOOD, FL 34224

Current Mailing Address:

PO BOX 495840
PORT CHARLOTTE, FL 33949 US

FEI Number: 59-2263399

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SW GATEWAY, INC
1532 RIO DE JANEIRO AVENUE
PUNTA GORDA, FL 33983 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: KRISTINE WISHARD

08/01/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name MCCULLOUGH, DENNIS
Address PO BOX 495840
City-State-Zip: PORT CHARLOTTE FL 33949

Title PRESIDENT
Name SPITERI, KATHRYN
Address PO BOX 495840
City-State-Zip: PORT CHARLOTTE FL 33949

Title DIRECTOR
Name TURNER, DIANA
Address PO BOX 495840
City-State-Zip: PORT CHARLOTTE FL 33949

Title DIRECTOR
Name O'MALLEY, ROWLAND
Address PO BOX 495840
City-State-Zip: PORT CHARLOTTE FL 33949

Title TREASURER
Name AMDOR, PATRICIA
Address PO BOX 495840
City-State-Zip: PORT CHARLOTTE FL 33949

Title DIRECTOR
Name WELTE, RALPH
Address PO BOX 495840
City-State-Zip: PORT CHARLOTTE FL 33949

Title MANAGER
Name WISHARD, KRISTINE
Address PO BOX 495840
City-State-Zip: PORT CHARLOTTE FL 33949

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KRISTINE WISHARD

MANAGER

08/01/2024

Electronic Signature of Signing Officer/Director Detail

Date