

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 762050

1. Entity Name  
WAKULLA RIVER CLUB, INC.



Principal Place of Business  
2 RIVER PLANTATION ROAD  
CRAWFORDVILLE, FL 32327 US

Mailing Address  
2 RIVER PLANTATION ROAD  
CRAWFORDVILLE, FL 32327 US

FILED

08 JAN 30 PM 1:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01302008 Chg-NP CR2E037 (12/06)

4. FEI Number  
73-1174914

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BURTON, NAN A  
469 RIVER PLANTATION ROAD  
CRAWFORDVILLE, FL 32327

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2008

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete  
NAME DEFOOR, ALLISON  
STREET ADDRESS 397 RIVER PLANTATION  
CITY-ST-ZIP CRAWFORDVILLE, FL 32327

TITLE VP ☐ Delete  
NAME AHREDNT, KURT  
STREET ADDRESS 44 RIVER COURT  
CITY-ST-ZIP CRAWFORDVILLE, FL 32327

TITLE VP ☒ Delete  
NAME FLANAGAN, ANN  
STREET ADDRESS 688 RIVER PLANTATION ROAD  
CITY-ST-ZIP CRAWFORDVILLE, FL 32327

TITLE D ☐ Delete  
NAME CLEWIS, KEVIN  
STREET ADDRESS 556 RIVER PLANTATION RD.  
CITY-ST-ZIP CRAWFORDVILLE, FL 32327

TITLE T ☐ Delete  
NAME JINKS, DENNIS  
STREET ADDRESS 126 RIVER PLANTATION RD.  
CITY-ST-ZIP CRAWFORDVILLE, FL 32327

TITLE D ☒ Delete  
NAME TAKAC, GEORGE  
STREET ADDRESS 402 RIVER PLANTATION ROAD  
CITY-ST-ZIP CRAWFORDVILLE, FL 32327

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE President ☐ Change ☒ Addition  
NAME Martha Haynes  
STREET ADDRESS 415 River Plantation Rd.  
CITY-ST-ZIP CRAWFORDVILLE, FL 32327

TITLE B ☐ Change ☒ Addition  
NAME Ronnie Licita  
STREET ADDRESS 444 River Plantation Rd.  
CITY-ST-ZIP CRAWFORDVILLE, FL 32327

TITLE B ☐ Change ☒ Addition  
NAME Lionel Dazevedo  
STREET ADDRESS 297 River Plantation Rd  
CITY-ST-ZIP CRAWFORDVILLE, FL 32327

TITLE ☐ Change ☒ Addition  
NAME Sandie Shiver  
STREET ADDRESS 333 River Plantation Rd.  
CITY-ST-ZIP CRAWFORDVILLE, FL 32327

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
700117609677  
02/08/08--01023--003 \*\*70.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 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

Date

Daytime Phone #