

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
 AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

1

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

96 NOV 21 PM 1:49

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name N94000002262

WILDWOOD COUNTRY CLUB PROPERTY OWNERS ASSOCIATION, INC.

50002012205--2  
 -11/22/96--01029--003  
 \*\*\*\*\*61.25 \*\*\*\*\*61.25

Principal Place of Business Mailing Address  
 P.O. BOX 966 CRAWFORDVILLE, FL 32326 SAME

3. Date Incorporated or Qualified 5/6/94	3a. Date of Last Report 5/1/95
4. FEI Number 59-3312478	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent  
 RAY BOLES  
 2679 Crawfordville Hwy.  
 Crawfordville, Fl 32327

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD Ray Boles 2679 Crawfordville, Hwy. Crawfordville, Fl 32327	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VPD George E. Crum P.O. Box 272, N/A Crawfordville, Fl 32326	12 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	D Terry Herring 557 Wakulla Springs Rd. Crawfordville, Fl 32327	13 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	D Perry Kennedy 1635 Shell Point Road Crawfordville, Fl 32327	14 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	D Broward Sapp 34 Carmel Lane Crawfordville, Fl 32327	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	D Larry Strickland P.O. Box 473, N/A Crawfordville, Fl 32326	22 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		23 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		24 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		32 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		33 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		34 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		42 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		43 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		44 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		52 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		53 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		54 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		62 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		63 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		64 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: George E. Crum SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: \_\_\_\_\_ DAY: \_\_\_\_\_ MONTH: \_\_\_\_\_ YEAR: \_\_\_\_\_

CR2E034 (3/96)



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November 19, 1996

Florida Department of State  
Secretary of State  
Division of Corporations  
ATTN: GRETCHEN HARVEY  
Post Office Box 6327  
Tallahassee, FL 32314

RE: Wildwood Country Club, Inc.  
Homeowners Association  
59-3312478

Dear Ms. Harvey,

Due to Crawfordville changing from Route Boxes to E911 addresses, I did not receive the annual report notice and therefore did not complete the corporation annual report.

I am enclosing a check for \$61.25.

Please change my address to:

Ray Boles  
Post Office Box 966  
Crawfordville, FL 32326-0966

Thank you for your help.

Sincerely,

Ray Boles, Registered Agent  
Wildwood Country Club, Inc.

RB/lb