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Mar 21 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N94000002262 (3)  
1. Corporation Name  
WILDWOOD COUNTRY CLUB PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address  
P.O. BOX 966 CRAWFORDVILLE FL 32326 P.O. BOX 966 CRAWFORDVILLE FL 32326-0966

3. Date Incorporated or Qualified 05/06/1994 3a. Date of Last Report 11/21/1996  
4. FEI Number 59-3312478 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address  
21 3870 Coastal Highway 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Crawfordville, FL 28  
24 Zip 32327 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent  
BOLES, RAY  
2879 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 FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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 <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOLES, RAY	1.2 NAME	Wardlaw, III, R.A.
STREET ADDRESS	2679 CRAWFORDVILLE HWY.	1.3 STREET ADDRESS	70 Ocean View Drive
CITY - ST - ZIP	CRAWFORDVILLE FL 32327	1.4 CITY - ST - ZIP	Crawfordville, FL 32327
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRUM, GEORGE E	2.2 NAME	
STREET ADDRESS	P.O. BOX 272, N/A	2.3 STREET ADDRESS	
CITY - ST - ZIP	CRAWFORDVILLE FL 32326	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERRING, TERRY	3.2 NAME	
STREET ADDRESS	557 WAKULLA SPRINGS RD.	3.3 STREET ADDRESS	
CITY - ST - ZIP	CRAWFORDVILLE FL 32327	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNEDY, PERRY	4.2 NAME	
STREET ADDRESS	1635 SHELL POINT ROAD	4.3 STREET ADDRESS	
CITY - ST - ZIP	CRAWFORDVILLE FL 32327	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAPP, BROWARD	5.2 NAME	
STREET ADDRESS	34 CARMEL LANE	5.3 STREET ADDRESS	
CITY - ST - ZIP	CRAWFORDVILLE FL 32327	5.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRICKLAND, LARRY	6.2 NAME	
STREET ADDRESS	P.O. BOX 473, N/A	6.3 STREET ADDRESS	
CITY - ST - ZIP	CRAWFORDVILLE FL 32328	6.4 CITY - ST - ZIP	

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ray Boles* Ray Boles 3-17-97 (904) 926-6222  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 00000000

CR2E037 (9/96)