

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Apr 09 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra S. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N94000002262 (3)**

1. Corporation Name

**WILDWOOD COUNTRY CLUB PROPERTY OWNERS ASSOCIATION, INC.**



Principal Place of Business <b>3670 COASTAL HIGHWAY CRAWFORDVILLE FL 32327 US</b>	Mailing Address <b>P.O. BOX 966 CRAWFORDVILLE FL 32326</b>
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3. Date incorporated or Qualified <b>05/06/1994</b>
4. FEI Number <b>59-3312478</b>
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business <b>21 3780 Coastal Highway</b>	2a. Mailing Address <b>26 P.O. Box 272</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23 Crawfordville, FL</b>	City & State <b>28 Crawfordville, Fl</b>
Zip <b>24 32327</b>	Country <b>25 USA</b>
Zip <b>29 32326</b>	Country <b>30 USA</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>BOLES, RAY 2679 CRAWFORDVILLE HWY. CRAWFORDVILLE FL 32327</b>	
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10. Name and Address of New Registered Agent	
81 Name <b>George E. Crum</b>	
82 Street Address (P.O. Box Number is Not Acceptable) <b>206 Country Club Drive</b>	
83 <b>P.O. Box 272</b>	
84 City <b>Crawfordville</b>	85 Zip Code <b>FL 32326</b>

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 George E. Crum **George E. Crum, President** **4/1/98**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<b>BOLES, RAY</b>	<input checked="" type="checkbox"/> DELETE	
NAME	<b>2679 CRAWFORDVILLE HWY.</b>		
STREET ADDRESS	<b>CRAWFORDVILLE FL 32327</b>		
CITY-ST-ZIP			
TITLE <b>VPD</b>	<b>CRUM, GEORGE E</b>	<input type="checkbox"/> DELETE	
NAME	<b>P.O. BOX 272, N/A</b>		
STREET ADDRESS	<b>CRAWFORDVILLE FL 32326</b>		
CITY-ST-ZIP			
TITLE <b>D</b>	<b>HERRING, TERRY</b>	<input checked="" type="checkbox"/> DELETE	
NAME	<b>557 WAKULLA SPRINGS RD.</b>		
STREET ADDRESS	<b>CRAWFORDVILLE FL 32327</b>		
CITY-ST-ZIP			
TITLE <b>D</b>	<b>KENNEDY, PERRY</b>	<input checked="" type="checkbox"/> DELETE	
NAME	<b>1635 SHELL POINT ROAD</b>		
STREET ADDRESS	<b>CRAWFORDVILLE FL 32327</b>		
CITY-ST-ZIP			
TITLE <b>D</b>	<b>SAPP, BROWARD</b>	<input checked="" type="checkbox"/> DELETE	
NAME	<b>34 CARMEL LANE</b>		
STREET ADDRESS	<b>CRAWFORDVILLE FL 32327</b>		
CITY-ST-ZIP			
TITLE <b>D</b>	<b>STRICKLAND, LARRY</b>	<input checked="" type="checkbox"/> DELETE	
NAME	<b>P.O. BOX 473, N/A</b>		
STREET ADDRESS	<b>CRAWFORDVILLE FL 32326</b>		
CITY-ST-ZIP			

1.1 TITLE <b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>George E. Crum</b>	
1.3 STREET ADDRESS <b>206 Country Club Drive (P.O. Box 272)</b>	
1.4 CITY-ST-ZIP <b>Crawfordville, Fl 32327</b>	
2.1 TITLE <b>Vice-President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME <b>Mike Lee</b>	
2.3 STREET ADDRESS <b>99 Gina Drive</b>	
2.4 CITY-ST-ZIP <b>Crawfordville, Fl 32327</b>	
3.1 TITLE <b>Secretary-Treasurer</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME <b>Joann Strickland</b>	
3.3 STREET ADDRESS <b>Aaron Road</b>	
3.4 CITY-ST-ZIP <b>Crawfordville, Fl 32327</b>	
4.1 TITLE <b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME <b>Claude W. Tooke</b>	
4.3 STREET ADDRESS <b>161 Country Club Drive</b>	
4.4 CITY-ST-ZIP <b>Crawfordville, Fl 32327</b>	
5.1 TITLE <b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME <b>Carl Lundquist</b>	
5.3 STREET ADDRESS <b>3870 Crawfordville Hwy</b>	
5.4 CITY-ST-ZIP <b>Crawfordville, Fl 32327</b>	
6.1 TITLE <b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME <b>B R Kendrick</b>	
6.3 STREET ADDRESS <b>84 Mackeny Woods Road</b>	
6.4 CITY-ST-ZIP <b>Sopchoppy, Fl 32358</b>	

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 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 **George E. Crum, Pres 4/1/98**

CR2E037 (10/97)