FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N9400002262

Corporation Name

WILDWOOD COUNTRY CLUB PROPERTY OWNERS ASSOCIATIO N. INC.

Principal Place of Business
3780 COASTAL HIGHWAY CRAWFORDVILLE FL 32327
He distributed to describe

Mailing Address

PO BOX 272

CRAWFORDVILLE FL 32326

US

FILED Mar 10, 1999 8:00 am § Secretary of State

03-10-1999 90124 038 ****61.25

∠. Principal Pi	ce of Business 2a. Mailing Address				05/06/1994				
26 P. O. Box 1701 Suite, Apt. #, etc. Suite, Apt. #, etc. Crawfordville, F.				4. FEI Number	ΙΤΔr	plied For			
			le. F	1		59-3312478	 	t Applicable	
City & State	^	City & State	10, 1.			\$		Additional	
13	28				5. Certifcate of Status Desired Fee Required				
Zip	Country	Zip				6. Election Campaign Financing \$5.00 May Be			
4	25	29 32326	30 W;	Wakulla Trust Fund Contribution			Added to Fees		
	9. Name and Address of Current I	Registered Agent				10. Name and Address of New Registered Age	nt		
				81	Name				
CRUM, GE	EORGE E			82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
206 COUNTRY CLUB DRIVE									
PO BOX 2	272			83					
CRAWFOR	adville fl 32326			84	City	8	5 Zip	Code	
						<u> </u>	ــــــــــــــــــــــــــــــــــــــ		
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Stat	utes, the a	bove	-named corporation	oration submits this statement for the purpose of chain's board of directors. I hereby accept the appointment	nging its ent as re	registered gistered	
agent. I a	egistered agent, or both, in the State of m familiar with, and accept the obligatio	ns of, Section 617.0503, F	iorida Stat	utes.	aro corporatio	and a succession of thorough according apparent		.	
SIGNATURE									
	Signature, typed or printed name of registered agent a			Agent	signature required		IDECTO	DC IN 12	
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND D	Change	Addition	
TITLE	P	☐ DELETE	1.1 TT		ļ	u	Change		
NAME	CRUM, GEORGE E		1.2 N	ME					
STREET ADDRESS	206 COUNTRY CLUB DRIVE (P.O	. BOX 272)	1.3 51	REET	ADORESS				
CITY-ST-ZIP	CRAWFORDVILLE FL 32327		1.4 CI	TY-ST	-ZIP		•		
TITLE	VP	☐ DELETE	2.1 ΤΣ	ΠÆ		L	Change	Addition	
NAME	LEE, MIKE		2.2 N/	AME					
STREET ADDRESS	99 GINA DRIVE		2.3 ST	REET.	ADDRESS				
CITY-ST-ZIP	CRAWFORDVILLE FL 32327		2.40	ITY-ST	r-zip				
TITLE	ST	☐ DELETE	3.1 π	ΤĻΕ		~ []	Change	Addition	
NAME	STRICKLAND, JOANN		3.2 N	AME					
STREET ADDRESS	AARON ROAD		3.3 S1	REET.	ADDRESS				
CITY-ST-ZIP	CRAWFORDVILLE FL 32327		3.4. C	ITY-ST	r-ZIP				
TITLE	D	☐ DELETE	4,1 Π	TLE			Change	☐ Addition	
NAME	TOOKE, CLAUDE W		4. 2 N	AME				•	
STREET ADDRESS	161 COUNTRY CLUB DRIVE		4.3 S	TREET.	ADORESS				
CITY-ST-ZIP	CRAWFORDVILLE FL 32327		4.4 CI	TY-ST	-ZIP				
TITLE	D	☐ DELETE	5.1 T	TLE			Change	☐ Addition	
NAME	LUNDQUIST, CARL		5.2 N	AME					
STREET ADDRESS			5.3 S	TREET	ADDRESS				
CITY-ST-ZIP	CRAWFORDVILLE FL 32327			ITY-ST	-ZIP				
TITLE	D	☐ DELETE	6.1 TI	TLE			Change	Addition	
NAME	KENDRICK, B.R.		6.2 N	AME					
STREET ADDRESS			6.3 \$	TREET	ADDRESS				
CITY-ST-ZIP	SOPCHOPPY FL 32358			TY-ST					
14 I horoby	portify that the information supplied with	this filing does not qualify	for the eve	motic	on stated in S	Section 119.07(3)(i), Florida Statutes. I further certify t	hat the	information	

4. 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, with all other like empowered.

SIGNATURES

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

85 926 - 52/1 Daylima Phone # K2E037 (11/98)