

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90142 046 ****61.25

DOCUMENT # N94000002262

1. Entity Name

WILDWOOD COUNTRY CLUB PROPERTY OWNERS ASSOCIATIO

Principal Place of Business

Mailing Address

3780 COASTAL HIGHWAY
 CRAWFORDVILLE FL 32327
 US

P.O. BOX 1701
 CRAWFORDVILLE FL 32326-1701
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3312478

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CRUM, GEORGE E
 206 COUNTRY CLUB DRIVE
 PO BOX 272
 CRAWFORDVILLE FL 32326

Name **JO ANNE STRICKLAND**
 Street Address (P.O. Box Number is Not Acceptable)
26 TOLKIEN WAY
P. O. Box 473
 City **CRAWFORDVILLE** FL Zip Code **32326**

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.

SIGNATURE *Jo Anne Strickland* **JO ANNE STRICKLAND** 1/24/00
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	CRUM, GEORGE E	
STREET ADDRESS	206 COUNTRY CLUB DRIVE (P.O. BOX 272)	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LEE, MIKE	
STREET ADDRESS	99 GINA DRIVE	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	
TITLE	ST	<input type="checkbox"/> Delete
NAME	STRICKLAND, JOANN	
STREET ADDRESS	AARON ROAD	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	
TITLE	D	<input type="checkbox"/> Delete
NAME	TOOKE, CLAUDE W	
STREET ADDRESS	161 COUNTRY CLUB DRIVE	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LUNDQUIST, CARL	
STREET ADDRESS	3870 CRAWFORDVILLE HWY	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	
TITLE	D	<input type="checkbox"/> Delete
NAME	KENDRICK, B.R.	
STREET ADDRESS	3870 MACKENY WOODS ROAD	
CITY-ST-ZIP	SOPCHOPPY FL 32358	

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIKE LEE	
STREET ADDRESS	99 GINA DR	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARL LUNDQUIST	
STREET ADDRESS	3870 CRAWFORDVILLE HWY	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	
TITLE	SECRETARY-TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JO ANNE STRICKLAND	
STREET ADDRESS	26 TOLKIEN WAY	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	George E Crum	
STREET ADDRESS	206 Country Club Dr.	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RH CARTER	
STREET ADDRESS	860 Rehwinkel Rd	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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: *Jo Anne Strickland* 1/24/00 850/926-5211
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **JO ANNE STRICKLAND** Daytime Phone #

CR2E037 (9/99)