

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 02, 2001 8:00 am
Secretary of State

02-02-2001 90300 005 ****61.25

DOCUMENT # N94000002262.

1. Entity Name

WILDWOOD COUNTRY CLUB PROPERTY OWNERS ASSOCIATIO

Principal Place of Business

3780 COASTAL HIGHWAY
 CRAWFORDVILLE FL 32327
 US

Mailing Address

P.O. BOX 1701
 CRAWFORDVILLE FL 32326
 US

00010140



DO NOT WRITE IN THIS SPACE

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

STRICKLAND, JOANNE
 26 TOLKIEN WAY
 PO BOX 473
 CRAWFORDVILLE FL 32326

Name

Cindy Shelton

Street Address (P.O. Box Number is Not Acceptable)

151 Country Club Dr.

City

Crawfordville

FL

Zip Code

32327

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 Cindy H. Shelton Cindy H. Shelton Secretary/Treasurer 1/24/01

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	LEE, MIKE	99 AINA DR	CRAWFORDVILLE FL 32327	<input type="checkbox"/>
VP	LUNDQUIST, CARL	3780 COASTAL HWY	CRAWFORDVILLE FL 32327	<input checked="" type="checkbox"/>
ST	STRICKLAND, JOANNE	26 TOLKIEN WAY	CRAWFORDVILLE FL 32327	<input checked="" type="checkbox"/>
D	CRUM, GEORGE E	206 COUNTRY CLUB DR	CRAWFORDVILLE FL 32327	<input checked="" type="checkbox"/>
D	CARTER, RH	860 REHWINKEL RD	CRAWFORDVILLE FL 32327	<input checked="" type="checkbox"/>
D	KENDRICK, B.R.	3870 MACKENY WOODS ROAD	SOPCHOPPY FL 32358	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
D		99 Jane Dr.		<input checked="" type="checkbox"/>	<input type="checkbox"/>
P	Jeff Shelton	151 Country Club Dr.	Crawfordville, FL 32327	<input type="checkbox"/>	<input checked="" type="checkbox"/>
ST	Cindy Shelton	151 Country Club Dr.	Crawfordville, FL 32327	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VP	Larry Brydeball	172 Country Club Dr.	Crawfordville, FL 32327	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Terry Herring	559 Wakulla Springs Rd.	Crawfordville, FL 32327	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Bill Lamb	1240 Shadeville Rd.	Crawfordville, FL 32327	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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: Cindy H. Shelton Cindy H. Shelton 1/24/01 926-7753

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Business Phone #

CR2E037 (10/00)

015217