

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 12, 2002 8:00 am**  
**Secretary of State**

03-12-2002 90270 030 \*\*\*\*61.25

**DOCUMENT # N94000002262**

1. Entity Name

**WILDWOOD COUNTRY CLUB PROPERTY OWNERS ASSOCIATIO  
 N, INC.**

Principal Place of Business

**3780 COASTAL HIGHWAY  
 CRAWFORDVILLE FL 32327  
 US**

Mailing Address

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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3312478**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**SHELTON, CINDY  
 151 COUNTRY CLUB DRIVE  
 CRAWFORDVILLE FL 32327**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_ (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

TITLE	<b>G</b>	<input type="checkbox"/> Delete
NAME	<b>LEE, MIKE</b>	
STREET ADDRESS	<b>99 JANE DRIVE</b>	
CITY-ST-ZIP	<b>CRAWFORDVILLE FL 32327</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>SHELTON, JEFF</b>	
STREET ADDRESS	<b>151 COUNTRY CLUB DRIVE</b>	
CITY-ST-ZIP	<b>CRAWFORDVILLE FL 32327</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>SHELTON, CINDY</b>	
STREET ADDRESS	<b>151 COUNTRY CLUB DRIVE</b>	
CITY-ST-ZIP	<b>CRAWFORDVILLE FL 32327</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>BRYDEBELL, LARRY</b>	
STREET ADDRESS	<b>172 COUNTRY CLUB DRIVE</b>	
CITY-ST-ZIP	<b>CRAWFORDVILLE FL 32327</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HERRING, TERRY</b>	
STREET ADDRESS	<b>557 WAKULLA SPRINGS RD</b>	
CITY-ST-ZIP	<b>CRAWFORDVILLE FL 32327</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LAMB, BILL</b>	
STREET ADDRESS	<b>1240 SHADEVILLE RD</b>	
CITY-ST-ZIP	<b>CRAWFORDVILLE FL 32327</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:

*Cindy H. Shelton*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/28/02**  
 Date

**926-7753**  
 Daytime Phone #

CR2E037 (9/01)