


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N94000002262</b> 1. Entity Name <b>WILDWOOD COUNTRY CLUB PROPERTY OWNERS ASSOCIATION, INC.</b>	
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FILED  
04 OCT -7 PM 2:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 3780 COASTAL HIGHWAY CRAWFORDVILLE, FL 32327 US	Mailing Address P.O. BOX 1701 CRAWFORDVILLE, FL 32326 US
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08262004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-3312478</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

<b>6. Name and Address of Current Registered Agent</b>  DODSON, RANDI 75 COUNTRY CLUB DR CRAWFORDVILLE, FL 32327
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IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	D
NAME	LEE, MIKE
STREET ADDRESS	99 JANE DRIVE
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327
TITLE	<del>D</del> <i>SHULTON, JEFF Brydebell, LARRY</i>
NAME	<del>SHULTON, JEFF</del>
STREET ADDRESS	172 COUNTRY CLUB DRIVE
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327
TITLE	ST <i>Esser, Karen</i>
NAME	<del>DODSON, RANDI</del>
STREET ADDRESS	75 COUNTRY CLUB DR <i>12 country club dr</i>
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327
TITLE	VP <i>Esser, Randy</i>
NAME	<del>BRYDEBELL, LARRY</del>
STREET ADDRESS	172 COUNTRY CLUB DRIVE <i>12 country club dr</i>
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327
TITLE	P
NAME	DODSON, STEVE
STREET ADDRESS	75 COUNTRY CLUB DR.
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327
TITLE	D
NAME	LAMB, BILL
STREET ADDRESS	1240 SHADEVILLE RD
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327

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IN THIS SPACE

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10/07/04--01015--011 \*\*61.25

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: *R. Esser* **R. Esser VP** 10-5-04 860-926-2608  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #