


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2005 8:00 am
Secretary of State

02-08-2005 90012 050 ****61.25

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1. Entity Name
WILDWOOD COUNTRY CLUB PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business
**3780 COASTAL HIGHWAY
 CRAWFORDVILLE, FL 32327 US**

Mailing Address
**P.O. BOX 1701
 CRAWFORDVILLE, FL 32326 US**

00011801



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

02032005 Chg-NP CR2E037 (10/03)

City & State
 Zip Country

4. FEI Number
59-3312478

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
**DODSON, RANDI
 75 COUNTRY CLUB DR
 CRAWFORDVILLE, FL 32327**

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

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

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2005**

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	LEE, MIKE	
STREET ADDRESS	99 JANE DRIVE	
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRYDEBELL, LARRY	
STREET ADDRESS	151 COUNTRY CLUB DRIVE	
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327	
TITLE	ST	<input type="checkbox"/> Delete
NAME	ESSER, KAREN	
STREET ADDRESS	12 COUNTRY CLUB DR	
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327	
TITLE	V	<input type="checkbox"/> Delete
NAME	ESSER, RANDY	
STREET ADDRESS	12 COUNTRY CLUB DRIVE	
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327	
TITLE	P	<input type="checkbox"/> Delete
NAME	DODSON, STEVE	
STREET ADDRESS	75 COUNTRY CLUB DR.	
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LAMB, BILL	
STREET ADDRESS	1240 SHADEVILLE RD	
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327	

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	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARTMAN, RICHARD	
STREET ADDRESS	271 RIVER PLANTATION RD	
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327	

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** **2-2-05** **850-926-7608**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #