

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002262

FILED
Apr 30, 2008
Secretary of State

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

Current Principal Place of Business:

3780 COASTAL HIGHWAY
CRAWFORDVILLE, FL 32327 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1701
CRAWFORDVILLE, FL 32326 US

New Mailing Address:

FEI Number: 59-3312478 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DODSON, RANDI
75 COUNTRY CLUB DR
CRAWFORDVILLE, FL 32327 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LEE, MIKE
Address: 99 JANE DRIVE
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D () Delete
Name: BRYDEBELL, LARRY
Address: 151 COUNTRY CLUB DRIVE
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: ST () Delete
Name: ESSER, KAREN
Address: 12 COUNTRY CLUB DR
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: P () Delete
Name: ESSER, RANDY
Address: 12 COUNTRY CLUB DRIVE
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: V () Delete
Name: DODSON, STEVE
Address: 75 COUNTRY CLUB DR.
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D () Delete
Name: HARTMAN, RICHARD
Address: 271 RIVER PLANTATION RD
City-St-Zip: CRAWFORDVILLE, FL 32327

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RANDY ESSER

P

04/30/2008

Electronic Signature of Signing Officer or Director

_____ Date