

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 30, 2009  
Secretary of State**

DOCUMENT# N94000002262

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: D (X) Change ( ) Addition  
Name: POTTER, TIM  
Address: REWHINKLE  
City-St-Zip: CRAWFORDVILLE, FL 32327

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

04/30/2009

Electronic Signature of Signing Officer or Director

Date