


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 18, 2003 8:00 am
Secretary of State

8/21/02

08-21-2003 90111 049 ****61.25

DOCUMENT # N94000002262			
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	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3312478		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SHELTON, CINDY 151 COUNTRY CLUB DRIVE CRAWFORDVILLE FL 32327		Name Dodson, Randi Street Address (P.O. Box Number is Not Acceptable) 75 Country Club Dr. 75 Country Club Dr. City Crawf. FL Zip Code 32327	
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 Randi Dodson		Date Aug 15, 03	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW: FEE IS \$61.25 After September 10, 2003, min will be \$236.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEE, MIKE	NAME	Steve Dodson
STREET ADDRESS	99 JANE DRIVE	STREET ADDRESS	75 Country Club Dr.
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	CITY-ST-ZIP	Crawf. FL 32327
TITLE	P <input type="checkbox"/> Delete	TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHELTON, JEFF	NAME	RANDY ESSER
STREET ADDRESS	151 COUNTRY CLUB DRIVE	STREET ADDRESS	12 country club dr
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	CITY-ST-ZIP	Crawf. FL 32327
TITLE	ST <input checked="" type="checkbox"/> Delete	TITLE	ST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHELTON, CINDY	NAME	Randi Dodson
STREET ADDRESS	151 COUNTRY CLUB DRIVE	STREET ADDRESS	75 country club dr
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	CITY-ST-ZIP	Crawf. FL 32327
TITLE	VP <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYDEBELL, LARRY	NAME	BRYDEBELL, LARRY
STREET ADDRESS	172 COUNTRY CLUB DRIVE	STREET ADDRESS	172 Country Club Dr
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	CITY-ST-ZIP	Crawf. FL 32327
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERRING, TERRY	NAME	LEE, MIKE
STREET ADDRESS	557 WAKULLA SPRINGS RD	STREET ADDRESS	99 Jane dr.
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	CITY-ST-ZIP	Crawf. FL 32327
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMB, BILL	NAME	LAMB BILL
STREET ADDRESS	1240 SHADEVILLE RD	STREET ADDRESS	1240 shadeville rd
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	CITY-ST-ZIP	Crawf. 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)(l), 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: SIGNATURE REQUIRED		Date Aug 15, 03	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E037 (4/03)