


4/23/98 B+5428-C  
FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 23 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **730097** (3)

1. Corporation Name

**WILDERNESS COUNTRY CLUB, INC.**

Principal Place of Business

Mailing Address

**101 CLUBHOUSE DR.  
NAPLES FL 33942**

**101 CLUBHOUSE DR.  
NAPLES FL 33942**

3. Date Incorporated or Qualified

**06/28/1974**

4. FEI Number

**59-1623165**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc	26 Suite, Apt #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BECKER, POLIAKOFF & STREITFELD, P.A.  
8260 COLLEGE PARKWAY, SUITE #104  
NAPLES, FL  
FT. MYERS FL 33919**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>V</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ONDERDONK, WILLIAM</b>	
STREET ADDRESS	<b>100 WILDERNESS DR., APT 115</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ROGA, JAMES</b>	
STREET ADDRESS	<b>104 WILDERNESS DR., APT 340</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>LEWIS, JAMES</b>	
STREET ADDRESS	<b>101 CLUBHOUSE LANE APT. 181</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>MUDGE, WILLIAM S</b>	
STREET ADDRESS	<b>105 CLUBHOUSE DR APT 257</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SONNIE, RUTH</b>	
STREET ADDRESS	<b>104 WILDERNESS DR., APT. 339</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BROWN, ROBERT E.</b>	
STREET ADDRESS	<b>102 WILDERNESS DR., APT 0115</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>ARMSTRONG, DALE</b>	
1.3 STREET ADDRESS	<b>102 CLUBHOUSE DR., APT. 376</b>	
1.4 CITY-ST-ZIP	<b>NAPLES, FL</b>	
2.1 TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>LEWIS, JAMES</b>	
2.3 STREET ADDRESS	<b>101 CLUBHOUSE LANE, APT. 181</b>	
2.4 CITY-ST-ZIP	<b>NAPLES, FL</b>	
3.1 TITLE	<b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>BROWN, Robert E.</b>	
3.3 STREET ADDRESS	<b>102 WILDERNESS DR., APT. 3115</b>	
3.4 CITY-ST-ZIP	<b>NAPLES, FL</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>ONDERDONK, WILLIAM</b>	
6.3 STREET ADDRESS	<b>109 WILDERNESS DR., APT. 115</b>	
6.4 CITY-ST-ZIP	<b>NAPLES, FL</b>	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Robert E. Brown* **ROBERT E. BROWN** 4/16/98 941-261-1140

CR2E037 (10/97)