2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9400002262

Entity Name: WILDWOOD COUNTRY CLUB PROPERTY OWNERS

ASSOCIATION, INC.

Current Principal Place of Business:

212 COUNTRY CLUB DRIVE CRAWFORDVILLE, FL 32327

Current Mailing Address:

212 COUNTRY CLUB DRIVE CRAWFORDVILLE, FL 32327 US

FEI Number: 59-3312478 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LAMB, DAVID 212 COUNTRY CLUB DR CRAWFORDVILLE, FL 32327 US

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: DAVID LAMB 02/08/2024

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title PRESIDENT Title SECRETARY, TREASURER

Name KESSLER, BRAD Name HOLLAND, KIM

Address 218 COUNTRY CLUB DRIVE Address 74 COUNTRY CLUB DR

City-State-Zip: CRAWFORDVILLE FL 32327 City-State-Zip: CRAWFORDVILLE FL 32327

Title VP Title DIRECTOR

Name YATES, DAVID Name KENT, DON

Address 209 COUNTRY CLUB DRIVE Address 90 COUNTRY CLUB DR.

City-State-Zip: CRAWFORDVILLE FL 32327 City-State-Zip: CRAWFORDVILLE FL 32327

Title DIRECTOR Title DIRECTOR
Name KENT, SANDY Name LAMB, DAVID

Address 90 COUNTRY CLUB DRIVE Address 212 COUNTRY CLUB DRIVE

City-State-Zip: CRAWFORDVILLE FL 32327 City-State-Zip: CRAWFORDVILLE FL 32327

Title DIRECTOR
Name WHITE, BOB

Address 36 COUNTRY CLUB DRIVE
City-State-Zip: CRAWFORDVILLE FL 32327

I hereby 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 all other like empowered.

SIGNATURE: KIM HOLLAND SECRETARY TREASURER 02/08/2024

Electronic Signature of Signing Officer/Director Detail

Date

FILED Feb 08, 2024

Secretary of State

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