

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762050

FILED  
Jan 27, 2011  
Secretary of State

**Entity Name:** WAKULLA RIVER CLUB, INC.

**Current Principal Place of Business:**

2 RIVER PLANTATION ROAD  
CRAWFORDVILLE, FL 32327 US

**New Principal Place of Business:**

**Current Mailing Address:**

2 RIVER PLANTATION ROAD  
CRAWFORDVILLE, FL 32327 US

**New Mailing Address:**

**FEI Number:** 73-1174914

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

POWELL, BARBARA A  
222 RIVER PLANTATION ROAD  
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:** P  
**Name:** TWOMEY, MIKE  
**Address:** 444 RIVER PLANTATION RD.  
**City-St-Zip:** CRAWFORDVILLE, FL 32327 US

**Title:** VP  
**Name:** WEAVER, GEORGE  
**Address:** 284 RIVER PLANTATION RD.  
**City-St-Zip:** CRAWFORDVILLE, FL 32327 US

**Title:** B  
**Name:** LICITRA, RONNIE  
**Address:** 466 RIVER PLANTATION RD.  
**City-St-Zip:** CRAWFORDVILLE, FL 32327 US

**Title:** B  
**Name:** DEHART, TAMMY  
**Address:** 318 RIVER PLANTATION RD.  
**City-St-Zip:** CRAWFORDVILLE, FL 32327 US

**Title:** B  
**Name:** GUHRT, HEIDI  
**Address:** 221 RIVER PLANTATION RD.  
**City-St-Zip:** CRAWFORDVILLE, FL 32327 US

**Title:** T  
**Name:** DAZEVEDO, LIONEL  
**Address:** 199 RIVER PLANTATION RD.  
**City-St-Zip:** CRAWFORDVILLE, FL 32327 US

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:** BARBARA A POWELL

**SEC.**

01/27/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date