

**FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP  
ANNUAL REPORT  
1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 OCT 30 PM 1:16



<b>1. Name of Limited Partnership</b>	<b>1a. DOCUMENT #</b> <b>A05643</b>
<b>CLUB WILDWOOD, LTD.</b>	

<b>Mailing Address</b> ACCOUNTING OFFICE 12651 SEMINOLE BLVD., #5-L LARGO FL 33778		<b>Principal Office Address</b> 7700 PARKWAY BOULEVARD HUDSON FL 34667		<b>3. Date Formed or Registered</b> 03/21/1977	<b>5a. Capital Contributions as Shown on record</b>  \$80,000.00
<b>2. Mailing Address</b>		<b>2a. Principal Office Address</b>		<b>3a. Date of Last Report</b> 11/08/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<b>4. State or Country of Formation</b> FL	<b>5b. Amount of Capital Contributions in FLORIDA to date:</b>
City & State		City & State		<b>6. FEI Number</b> 59-1725189	
Zip Country 33778 Pinellas		Zip Country 34667 Pasco		<b>7. Certificate of Status Desired</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
				<b>8. Make check payable to: Dept. of State (See reverse side for fee information)</b>	<b>\$8.75 Additional Fee Required</b>

<b>9. Name and Address of Current Registered Agent</b>	<b>10. If changed, new Registered Agent/Office</b>
LUCZAK, DAVID A., P.A. 3233 EAST BAY DRIVE SUITE 103 LARGO FL 34641	Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code

**10a.** Pursuant to the provisions of sections 620.105(1) and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) \_\_\_\_\_ DATE \_\_\_\_\_

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

<b>11. Name(s) of General Partner(s)</b>	<b>11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)</b>	<b>11b. City, State &amp; Zip Code</b>	<b>11c. Registration/Document Number</b>
GOTTLIEB, HOWARD L. BELCHER, DOUGLAS H.	1000 LAKE SHORE BLVD. 700 ISLAND WAY #606	EVANSTON IL CLEARWATER FL 34690 33767	200002338052-1 -11/05/97-01004-011 ***541.25 ***541.25

**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

**12.** I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE Douglas H. Belcher DATE \_\_\_\_\_  
Typed or Printed Name of General Partner Signing Form DOUGLAS H. BELCHER Daytime Telephone Number (813) 581-5404

CR2E003 (6/97)