DOCUMENT # A05643 1. Entity Name) 2	
CLUB WILDWOOD, LTD.						FILE	FILED			
Principal Place of Business Mailing Address					01	FFB 15	AM 11: 07		V	
7700 PARKWAY HUDSON FL 34	r Boulevari		CLUB WILDWOOD	CLUB WILDWOOD. LTD. MANAGEMENT OFFICE 13225 101ST STREET SE TAI			CRETARY OF STATE LAHASSEE, FLORIDA			
2. Principal Place of Business 3. Mailing Address							NI ORIOX OIXID DIIIC BIBUI	[\$[[] 0] 0]	(I BIBII Afali Birii 1881	
Suite, Apt.	#, etc.	 	Suite, Apt. #, et	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State			City & State				59-1725189		Applied For Not Applicable	
- Zip Country		Country	Zip	Country		5. Certificate of	of Status Desired		75 Additional Required	
6. Name and Address of Current R			t Registered Agent	Agent		7. Name and Address of New Registered Agent				
					Name					
LUCZAK, DAVID A., P.A.					Street Address (P.O. Box Number is Not Acceptable)					
3233 EAST BAY DRIVE										
SUITE 103				City					Zip Code	
LARGO FL 34641					FL The state of th					
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.										
SIGNATURE										
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)										
as Shown on record. \$80,000.00 in FLORIDA to date. SEE REVERSE SIDE FOR FEE INFORMATION										
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.										
12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY										
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		, HOWARD L.				×1 35	*****52	6.25 **	**526.25	
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NAME	BELCHER	, DOUGLAS H.				018 Eag	ies Lang	ling Cir	7 14 /	
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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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes SIGNATURE: SIGNATURE										
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Da										