

**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

DOCUMENT # A05643

1. Entity Name

CLUB WILDWOOD, LTD.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 FEB 27 AM 9:25

Principal Place of Business

7700 PARKWAY BOULEVARD
HUDSON FL 34667

Mailing Address

CLUB WILDWOOD, LTD. MANAGEMENT OFFICE
13225 101ST STREET
LARGO FL 33773

2. Principal Place of Business

3. Mailing Address



MOORE CR2E003 (11/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-1725189

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LUCZAK, DAVID A., P.A.
3233 EAST BAY DRIVE
SUITE 103
LARGO FL 34641

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

9. Capital Contributions
as Shown on record.

\$80,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
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

DOCUMENT #

NAME GOTTLIEB, HOWARD L.

STREET ADDRESS 1007 CHURCH STREET, SUITE 305 408

CITY-ST-ZIP EVANSTON IL 60201

STREET ADDRESS

CITY-ST-ZIP

change suite # 1

DOCUMENT #

NAME BELCHER, DOUGLAS H.

STREET ADDRESS 3889 DARSTON STREET

CITY-ST-ZIP PALM HARBOR FL 34685

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

400030234014

03/10/04--01049--024 **525.25

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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:

Douglas H. Belcher Douglas H. Belcher

2/24/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE