

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 16 PM 3:08

DOCUMENT # **N39315** (9)

1. Corporation Name

WILDCAT FARMS WATER MANAGEMENT ASSOCIATION, INC.

Principal Place of Business

Mailing Address

22500 STATE RD 82
LAKE WALES FL 33859

P.O. BOX 247
FELDA FL 33900
US

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **08/01/1990** 3a. Date of Last Report **02/23/1994**

4. FEI Number **59-3110059** Applied For Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23 City & State

28 City & State

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

24 Zip

25 Country

29 Zip

30 Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LATHAM, PETER G.
FOLEY & LARDNER
111 N ORANGE AVE #1800
ORLANDO FL 32801

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation 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 the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	INGRAM, BRUCE B., JR.
STREET ADDRESS	7400 STATE RD 544
CITY - ST - ZIP	WINTER HAVEN FL
TITLE	DP
NAME	JONES, ALBERT, JR.
STREET ADDRESS	US HWY 27 N
CITY - ST - ZIP	LAKE WALES FL
TITLE	DVP
NAME	LLOYD, CALVIN P III
STREET ADDRESS	855 STATE ROAD 82
CITY - ST - ZIP	FELDA FL
TITLE	ST
NAME	SERDYNSKI, DONALD B
STREET ADDRESS	US HWY 27 N
CITY - ST - ZIP	LAKE WALES FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Calvin P. Lloyd III
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

CALVIN P. LLOYD III

2-10-95

813-
369-2169

(Date)

(Phone Number)