

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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 33930-0247 US

3. Date Incorporated or Qualified 08/01/1990
3a. Date of Last Report 02/09/1996

2. Principal Place of Business 21 22500 STATE ROAD 82
2a. Mailing Address 26 PO BOX 3147

4. FEI Number 59-3110059
Applied For Not Applicable

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

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

23 City & State FT MYERS FL 28 City & State INNOKALEE FL

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

24 Zip 33913 25 Country 29 Zip 31143 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 PETER G. LATHAM
82 Street Address (R.O. Box Number is Not Acceptable) KAY, DANIEL & LATHAM
83 390 N. ORANGE AVE., SUITE 600
84 City ORLANDO FL 85 Zip Code 32802

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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 DELETE
NAME INGRAM, BRUCE B., JR.
STREET ADDRESS 7400 STATE RD 544
CITY-ST-ZIP WINTER HAVEN FL

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DP DELETE
NAME JONES, ALBERT, JR.
STREET ADDRESS US HWY 27 N
CITY-ST-ZIP LAKE WALES FL

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS 1176 YARNELL AVE
2.4 CITY-ST-ZIP LAKE WALES FL 33853

TITLE DVP DELETE
NAME LLOYD, CALVIN P III
STREET ADDRESS 855 STATE ROAD 82
CITY-ST-ZIP FELDA FL

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS 8550 STATE ROAD 82
3.4 CITY-ST-ZIP FELDA FL 33930

TITLE ST DELETE
NAME SERDYNSKI, DONALD B
STREET ADDRESS US HWY 27 N
CITY-ST-ZIP LAKE WALES FL

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

[Signature] REQUIRED

2-7-97 941369-2169
Date Daytime Phone # 0066372

CR2E037 (9/96)