

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18 1997 8:00am  
Secretary of StateNONPROFIT  
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

**22500 STATE RD 82  
LAKE WALES FL 33859**

Mailing Address

**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**4. FEI Number  
**59-3110059**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**6. Election Campaign Financing  
Trust Fund Contribution ☐**\$5.00 May Be  
Added to Fees**8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

**21 22500 STATE ROAD 82**

2a. Mailing Address

**26 PO Box 3147**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

**23 FT MYERS FL**

City &amp; State

**28 INNOVATION FL**

Zip

**24 33913**

Country

Zip

**29 34143**

Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

**81 Name PETER G. LATHAM  
82 Street Address (P.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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	1176 YARNELL AVE
2.4 CITY-ST-ZIP	LAKE WALES FL 33853
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	8550 STATE ROAD 82
3.4 CITY-ST-ZIP	FELDA FL 33930
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 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 SIGNING OFFICER OR DIRECTOR

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

CR2E037 (9/96)