

FILE NOW: FILING FEE IS \$61.25

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Feb 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N39315 (9)
1. Corporation Name
WILDCAT FARMS WATER MANAGEMENT ASSOCIATION, INC.



Principal Place of Business 22500 STATE RD 82 FT. MYERS FL 33913 US		Mailing Address PO BOX 3147 IMMOKALEE FL 34143 US		3. Date Incorporated or Qualified 08/01/1990	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country		4. FEI Number 59-3110059 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
9. Name and Address of Current Registered Agent LATHAM, PETER G. KAY, PANZI & LATHAM 390 N. ORANGE AVE., STE 800 ORLANDO FL 32802				10. Name and Address of New Registered Agent 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 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	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	INGRAM, BRUCE B., JR.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	7400 STATE RD 544	1.2 NAME	
CITY - ST - ZIP	WINTER HAVEN FL	1.3 STREET ADDRESS	
TITLE	DP <input type="checkbox"/> DELETE	1.4 CITY - ST - ZIP	
NAME	JONES, ALBERT, JR.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1178 YARNELL AVE.	2.2 NAME	
CITY - ST - ZIP	LAKE WALES FL	2.3 STREET ADDRESS	
TITLE	DVP <input type="checkbox"/> DELETE	2.4 CITY - ST - ZIP	
NAME	LLOYD, CALVIN P III	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	8550 STATE RD., 82	3.2 NAME	
CITY - ST - ZIP	FELDA FL	3.3 STREET ADDRESS	
TITLE	ST <input checked="" type="checkbox"/> DELETE	3.4 CITY - ST - ZIP	
NAME	SERDYNSKI, DONALD B	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	US HWY 27 N	4.2 NAME	
CITY - ST - ZIP	LAKE WALES FL	4.3 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	4.4 CITY - ST - ZIP	
NAME		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		5.2 NAME	ST MARK D. DUNN
CITY - ST - ZIP		5.3 STREET ADDRESS	24 HIGHLAND AVE SE
TITLE	<input type="checkbox"/> DELETE	5.4 CITY - ST - ZIP	LEHIGH FL 33936
NAME		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6.2 NAME	
CITY - ST - ZIP		6.3 STREET ADDRESS	
		6.4 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 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: Mark D. Dunn **MARK D. DUNN** 1-30-98 941-369-2169

CFR2037 (10/97)