


FILE NOW: FILING FEE IS \$61.25

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Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90030 017 ****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # N39315

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



| | | | | | |
|--------------------------------|--|---------------------|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 | | 26 | | 08/01/1990 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | |
| | | | | 59-3110059 | |
| 22 | | 27 | | Applied For | |
| City & State | | City & State | | Not Applicable | |
| 23 | | 28 | | 5. Certificate of Status Desired <input type="checkbox"/> | |
| Zip | | Zip | | \$8.75 Additional Fee Required | |
| Country | | Country | | 6. Election Campaign Financing <input type="checkbox"/> | |
| 24 | | 25 | | 29 | |
| Country | | Country | | Trust Fund Contribution <input type="checkbox"/> | |
| | | | | \$5.00 May Be Added to Fees | |

9. Name and Address of Current Registered Agent

LATHAM, PETER G.
 KAY, PANZL & LATHAM
 390 N. ORANGE AVE., STE 600
 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 |
| 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------------------|---|--|
| TITLE | D <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | INGRAM, BRUCE B.,JR. | 1.2 NAME | |
| STREET ADDRESS | 7400 STATE RD 544 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | WINTER HAVEN FL | 1.4 CITY-ST-ZIP | |
| TITLE | DP <input type="checkbox"/> DELETE | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JONES, ALBERT, JR. | 2.2 NAME | |
| STREET ADDRESS | 1176 YARNELL AVE. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | LAKE WALES FL | 2.4 CITY-ST-ZIP | 33853 |
| TITLE | DVP <input type="checkbox"/> DELETE | 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LLOYD, CALVIN P III | 3.2 NAME | |
| STREET ADDRESS | 8550 STATE RD., 82 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | FELDA FL | 3.4 CITY-ST-ZIP | 33930 |
| TITLE | ST <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DUNN, MARK D | 4.2 NAME | |
| STREET ADDRESS | 24 HIGHLAND AVE, S.E. | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | LEHIGH FL 33936 | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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, with all other like empowered.

SIGNATURE: Mark D. Dunn DATE: 2-8-99 DAYTIME PHONE: 941.369.2169
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)