

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39315

FILED  
Jan 27, 2004  
Secretary of State

**Entity Name:** WILDCAT FARMS WATER MANAGEMENT ASSOCIATION, INC.

**Current Principal Place of Business:**

22500 STATE RD 82  
FT. MYERS, FL 33913 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 3147  
IMMOKALEE, FL 34143 US

**New Mailing Address:**

**FEI Number:** 59-3110059

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DUNN, MARK D  
24 HIGHLAND AVE SE  
LEHIGH ACRES, FL 33936 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: INGRAM, BRUCE B., JR.,  
Address: 7400 STATE RD 544  
City-St-Zip: WINTER HAVEN, FL

Title: PD ( ) Delete  
Name: LLOYD, CALVIN P III  
Address: 8550 STATE RD., 82  
City-St-Zip: FELDA, FL 33853

Title: ST ( ) Delete  
Name: DUNN, MARK D  
Address: 24 HIGHLAND AVE, S.E.  
City-St-Zip: LEHIGH, FL 33936

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: CRUMBLY, DAVID  
Address: 20205 US HIGHWAY 27  
City-St-Zip: LAKE WALES, FL 33859

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK D. DUNN

ST

01/27/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date