

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

04 FEB -5 AM 8:29

SECRETARY OF STATE
TALLAHASSEE FLORIDA



01052004 Chg-NP CR2E037 (10/03)

DOCUMENT # N48867 1. Entity Name WILDWOOD COUNTRY RESORT HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 5591 COLUMBUS CIRCLE WILDWOOD, FL 34785 US			Mailing Address 5591 COLUMBUS CIRCLE WILDWOOD, FL 34785 US		
2. Principal Place of Business 5191 Cambridge Court Suite, Apt. #, etc.		3. Mailing Address 5191 Cambridge Court Suite, Apt. #, etc.			
City & State Wildwood, Fl.		City & State Wildwood, FL		4. FEI Number 59-3093704	
Zip 34785		Country Sumter		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BIEDERSTADT, RICHARD 5146 CAMBRIDGE CT WILDWOOD, FL 34785				7. Name and Address of New Registered Agent Name Hartless, Jeannette Street Address (P.O. Box Number is Not Acceptable) 5191 Cambridge Court City Wildwood FL Zip Code 34785	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Jeannette Hartless</u> <u>JEANNETTE HARTLESS</u> <u>1-26-04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NEAVEILL, JERRY 5146 CAMBRIDGE CT WILDWOOD, FL 34785	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Hartless, Jeannette 5191 Cambridge Court Wildwood, FL 34785	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCNANNY, DICK 5527 COLUMBUS CIR WILDWOOD, FL 34785	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700028411237 02/09/04--01047--006 **70.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRYANT, VIVIAN 5254 LIBERTY COURT WILDWOOD, FL 34785	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Stone, Marilynne 5502 Columbus Circle Wildwood, FL 34785	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HARTLESS, JEANETTE 5191 CAMBRIDGE COURT WILDWOOD, FL 34785	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Hendrickson, Virginia 5560 Heritage Blvd. Wildwood, FL 34785	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NEAVEILL, JERRY 5591 COLUMBUS CIR WILDWOOD, FL 34785	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, OLIN 5469 COLUMBUS CIR WILDWOOD, FL 34785	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Jeannette Hartless</u> <u>JEANNETTE HARTLESS</u> <u>1-26-2004</u> <u>748-8504</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					