

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48867

FILED
Jan 13, 2010
Secretary of State

Entity Name: WILDWOOD COUNTRY RESORT HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5604 HERITAGE BLVD
WILDWOOD, FL 34785 US

New Principal Place of Business:

Current Mailing Address:

5604 HERITAGE BLVD
WILDWOOD, FL 34785 US

New Mailing Address:

FEI Number: 59-3093704

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KRUPA, LARRY
5282 LEXINGTON CIRCLE
WILDWOOD, FL 34785 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: P
Name: KRUPA, LARRY
Address: 5282 LEXINGTON CIR.
City-St-Zip: WILDWOOD, FL 34785 US

Title: VP
Name: WENTRICK, BRUCE
Address: 5147 LEXINGTON CT.
City-St-Zip: WILDWOOD, FL 34785

Title: S
Name: STONE, MARILYNNE E
Address: 5146 CAMBRIDGE CT.
City-St-Zip: WILDWOOD, FL 34785

Title: TREA
Name: STONE, NANCY
Address: 5612 WILLIAMSBURG LN.
City-St-Zip: WILDWOOD, FL 34785

Title: SAA
Name: THACKSTON, DICK
Address: 5616 HANCOCK DRIVE
City-St-Zip: WILDWOOD, FL 34785

Title: D
Name: KESSEL, CHRIS
Address: 5204 LEXINGTON CIRCLE
City-St-Zip: WILDWOOD, FL 34785

I hereby 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 all other like empowered.

SIGNATURE: MARILYNNE STONE

SECT

01/13/2010

Electronic Signature of Signing Officer or Director

Date