## 2007 NOT-FOR-PROFIT CORPORATION

## **FILED** Apr 18, 2007 8:00 am **ANNUAL REPORT**

DOCUMENT # N9400002262  1. Entity Name WILDWOOD COUNTRY CLUB PROPERTY OWNERS ASSOCIATION, INC.					1		tary ( 07 90172 0		
3780 COAST	e of Business AL HIGHWAY ILLE, FL 32327 US	Mailing Address P.O. BOX 1701 CRAWFORDVILLE, FL 32	2326 US	S	 	ETBIK BONN FONK D			
2. Principal Place of Business - No P.O. Box # 3.		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			hg-NP	CR2E037	(12/06)	
City & Stat	e	City & State			4. FEI Number 59-331247	78		<del></del>	optied For ot Applicable
Zip	Country	Zip	Country		5. Certificate of St	tatus Desired		8.75 Add se Require	
	6. Name and Address of Current i	Registered Agent	Ns Ns	ame	7. Name and Add	tress of New	Registered Ag	ent	
	RANDI FRY CLUB DR RDVILLE, FL 32327		Name Street Address (			Not Acceptab	ole)		
	ADVILLE, I L OZOZI								
			Ci	ity			FL	Zip Cod	θ
	named entity submits this statement for	the purpose of changing its r	egistered of	ffice or register	red agent, or both, in	the State of F	Rorida. I am fa	miliar with,	and accept
the obligations of registered agent.									
SIGNATURE  Signature, typed or printed name of registered egent and title if applicable. (NOTE: Repistered Agent signature required when reinstating)  DATE									
	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registered Agen	M signature required	1 when reinstating)		DATE		
	Signature, typed or printed name of registered agent of Filling Fee is \$61.25  Due by May 1, 2007	9. Election Cam Trust Fund Co	paign Financ		\$5.00 May Be Added to Fees	1	Make check porida Departn	_	
10.	Filing Fee is \$61.25	9. Election Cam Trust Fund Co	paign Financ	cing		Flo	Make check   orida Departn	nent of S1	tate
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 chapter of the corporation or an attachment with an address.

CITY-ST-ZIP

CRAWFORDVILLE, FL 32327

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #	
SIGNATURE: J. Q. ELL Randy Esser 4	-17-04	850-926-2608	
changed, or on an attachment with an address, with all other like empowered.			