

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48867

Entity Name: WILDWOOD COUNTRY RESORT HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**5604 HERITAGE BLVD
WILDWOOD, FL 34785**Current Mailing Address:**5604 HERITAGE BLVD
WILDWOOD, FL 34785 US**FEI Number: 59-3093704****Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**STONE, NANCY A. PRES.
5612 WILLIAMSBURG LANE
WILDWOOD, FL 34785 US*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:** NANCY A. STONE

01/09/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name STONE, NANCY A
Address 5612 WILLIAMSBURG LANE
City-State-Zip: WILDWOOD FL 34785

Title VP
Name BAKKER, LOIS
Address 5321 LEXINGTON CIRCLE
City-State-Zip: WILDWOOD FL 34785

Title SECRETARY
Name DOW, LYLA
Address 5191 CAMBRIDGE COURT
City-State-Zip: WILDWOOD FL 34785

Title TREASURER
Name WELCH, MARTI
Address 5616 HANDCOCK DRIVE
City-State-Zip: WILDWOOD FL 34785

Title SARGENT AT ARM
Name HALLIDAY, FRANK
Address 5562 LANSING DRIVE
City-State-Zip: WILDWOOD FL 34785

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

Title DIRECTOR
Name FLEMING, ROBERT
Address 5556 COLUMBUS CIR
City-State-Zip: WILDWOOD FL 34785

Title DIRECTOR
Name NEAVILLE, JERRY
Address 5591 COLUMBUS CIRCLE
City-State-Zip: WILDWOOD FL 34785

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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: NANCY A. STONE

PRESIDENT

01/09/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	REID, JOHN
Address	5438 HERITAGE BLVD
City-State-Zip:	WILDWOOD FL 34785