2014 FLORIDA NOT FOR PROFIT CORPORATION AMENDED 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: No

Name and Address of Current Registered Agent:

TITUS, STEVEN 5590 HANCOCK DR 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: STEVEN A. TITUS 04/06/2014

Electronic Signature of Registered Agent

Date

FILED

Apr 06, 2014

Secretary of State CC1035847142

Officer/Director Detail:

Title PRESIDENT Title VP

NameTITUS, STEVENNameSKUTT, JACQUESAddress5590 HANCOCK DRAddress5494 COLUMBUS CIRCity-State-Zip:WILDWOOD FL 34785City-State-Zip:WILDWOOD FL 34785

Title SECRETARY Title TREASURER

Name WELCH, MARTHA Name STONE, NANCY

Address 5616 HANCOCK DR. Address 5612 WILLIAMSBURG LN.

City-State-Zip: WILDWOOD FL 34785 City-State-Zip: WILDWOOD FL 34785

TitleSARGENT AT ARMTitleDIRECTORNameTHACKSTON, DICKNameKESSEL, CHRIS

Address 5616 HANCOCK DRIVE Address 5204 LEXINGTON CIRCLE

City-State-Zip: WILDWOOD FL 34785 City-State-Zip: WILDWOOD FL 34785

DIRECTOR Title Title **DIRECTOR** Name THORNTON, GAIL FLEMING, ROBERT Name Address 5662 HANCOCK DR Address 5556 COLUMBUS CIR City-State-Zip: WILDWOOD FL 34785 City-State-Zip: WILDWOOD FL 34785

Continues on page 2

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: STEVEN A TITUS PRESIDENT 04/06/2014

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