2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755502

FILED Mar 09, 2006 Secretary of State

Entity Name: WINGFIELD RESERVE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

2180 W. ST RD. **SUITE 5000**

LONGWOOD, FL 327795044 US

New Mailing Address: Current Mailing Address:

2180 W. ST RD. SUITE 5000

LONGWOOD, FL 327795044 US

FEI Number: 59-2168794 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

REGENCY PROFESSIONAL MNGMT INC 407 WEKIVA SPRINGS RD

LONGWOOD, FL 32779 US

SENTRY MANAGEMENT INC STE 205 2180 W SR 434 SUITE 5000 LONGWOOD, FL 32779 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.

HART, JAMES W JR

SIGNATURE: JAMES W HART JR 03/09/2006

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition SIGMAN, PAT SIGMAN, PAT Name: Name:

1809 WINGFIELD DR Address: 1809 WINGFIELD DR Address: LONGWOOD, FL 32779 City-St-Zip: LONGWOOD, FL 32779 City-St-Zip:

Title: TD () Delete Title: SD (X) Change () Addition STUART, KAREN Name: BLEDSOE, MIKE Name:

Address: 2223 SMOKETREE CT Address: 2112 CLUSTER BRANCH CT City-St-Zip: LONGWOOD, FL 32779 City-St-Zip: LONGWOOD, FL 32779

Title: () Delete Title: **VPD** (X) Change () Addition SPERRY, JOHN SPERRY, FRED Name: Name:

1742 ALVARADO CT 1742 ALVARADO CT Address: Address: City-St-Zip: LONGWOOD, FL 32779 City-St-Zip: LONGWOOD, FL 32779

Title: () Delete Title: (X) Change () Addition

Name: MIMARRO, ATTILIA Name: DIMARCO, ATTILIO Address: 2164 DEER HOLLOW Address: 2164 DEER HOLLOW City-St-Zip: LONGWOOD, FL 32778 City-St-Zip: LONGWOOD, FL 32778

Title: () Delete Title: () Change (X) Addition

JOCHUM, LOUIS Name: Name: 2116 SILVER LEAF CT Address: Address: City-St-Zip: City-St-Zip: LONGWOOD, FL 32779

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: PAT SIGMAN PD 03/09/2006