2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007
Secretary of State

DOCUMENT# 755502

Entity Name: WINGFIELD RESERVE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2180 W. ST RD.
SUITE 5000
LONGWOOD, FL 327795044 US

New Principal Place of Business:

Current Mailing Address:

2180 W. ST RD.
SUITE 5000
LONGWOOD, FL 327795044 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 W SR 434 SUITE 5000
LONGWOOD, FL 32779 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:	PD	( ) Delete
Name:	SIGMAN, PAT	
Address:	1809 WINGFIELD DR	
City-St-Zip:	LONGWOOD, FL 32779	
Title:	SD	( ) Delete
Name:	BLEDSOE, MIKE	
Address:	2112 CLUSTER BRANCH CT	
City-St-Zip:	LONGWOOD, FL 32779	
Title:	VPD	( ) Delete
Name:	SPERRY, FRED	
Address:	1742 ALVARADO CT	
City-St-Zip:	LONGWOOD, FL 32779	
Title:	D	( ) Delete
Name:	DIMARCO, ATTILIO	
Address:	2164 DEER HOLLOW	
City-St-Zip:	LONGWOOD, FL 32778	
Title:	D	( ) Delete
Name:	JOCHUM, LOUIS	
Address:	2116 SILVER LEAF CT	
City-St-Zip:	LONGWOOD, FL 32779	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	PD	(X) Change ( ) Addition
Name:	AGNELLO, JIM	
Address:	1704 ALVARADO CT	
City-St-Zip:	LONGWOOD, FL 32779	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	DIMARCO, ATTILIO	
Address:	2164 DEER HOLLOW DR	
City-St-Zip:	LONGWOOD, FL 32778	
Title:	TD	(X) Change ( ) Addition
Name:	JOACHIM, LOUIS	
Address:	2221 EARLEAF CT	
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: JIM AGNELLO PD 04/04/2007

Electronic Signature of Signing Officer or Director — Date