

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755502

FILED
Apr 14, 2009
Secretary of State

Entity Name: WINGFIELD RESERVE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044 US

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
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: JOACHIM, LOUIS
Address: 2221 EARLEAF CT
City-St-Zip: LONGWOOD, FL 32779

Title: VPD () Delete
Name: BROWN, MARK
Address: 1705 ALVARADO CT
City-St-Zip: LONGWOOD, FL 32779

Title: SD () Delete
Name: SPERRY, FRED
Address: 1742 ALVARADO CT
City-St-Zip: LONGWOOD, FL 32779

Title: D () Delete
Name: DIMARCO, ATTILIO
Address: 2164 DEER HOLLOW DR
City-St-Zip: LONGWOOD, FL 32778

Title: TD () Delete
Name: AGNELLO, JIM
Address: 1704 ALVARADO CT
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BLEDSOE, MIKE
Address: 2112 CLUSTER BRANCH CT
City-St-Zip: LONGWOOD, FL 32779

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: LOUIS JOACHIM

PD

04/14/2009

Electronic Signature of Signing Officer or Director

Date