

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2008 8:00 am
Secretary of State

05-12-2008 90025 041 ****61.25

DOCUMENT # N01000001970

1. Entity Name
WYNDSONG HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
MANAGEMENT SPECIALISTS
4400 NW 36 AVE
GAINESVILLE, FL 32606

Mailing Address
MANAGEMENT SPECIALISTS
4400 NW 36 AVE
GAINESVILLE, FL 32606

40100610



2. Principal Place of Business - No P.O. Box #
500 NW 43rd Street

3. Mailing Address
500 NW 43rd Street

Suite, Apt. #, etc.
Suite 3

Suite, Apt. #, etc.
Suite 3

City & State
Gainesville FL

City & State
Gainesville FL

Zip
32607

Country
USA

Zip
32607

Country
USA

01082008 Chg-NP CR2E037 (12/06)

4. FEI Number
01-0671624

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MANAGEMENT SPECIALISTS
C/O PATRICIA TRIPPE
4400 NW 36 AVE
GAINESVILLE, FL 32606

Name
Cornerstone Property Solutions of N. Central FL.
Street Address (P.O. Box Number is Not Acceptable)
500 NW 43rd Street
Suite 3
City
Gainesville FL Zip Code
32607

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Eugene Hav Flar S. Jr.

5-7-08

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHULTETUS, RAYMOND 14610 NW 11TH PLACE NEWBERRY, FL 32669	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STOROE, WILLIAM 1206 NW 150TH DR NEWBERRY, FL 32669	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CLEMONS, JANE A 1654 NW 11TH PLACE NEWBERRY, FL 32669	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DUNSE, CAROL 14568 NW 11TH PLACE NEWBERRY, FL 32669	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Chad Kennedy 13125 SW 2nd Ave Newberry FL 32669	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jeff Wilkinson 14603 NW 11th place Newberry FL 32669	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Raymond S. Schultetus

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/2008

Date

352-331-7865

Daytime Phone #