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FILED
Jan 29 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N01738 (6)

1. Corporation Name
WYNWOODS LANDING HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business P.O. BOX 14455 CLEARWATER FL 34629	Mailing Address P.O. BOX 14455 CLEARWATER FL 34629-4455
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3. Date Incorporated or Qualified 03/01/1984	3a. Date of Last Report 01/25/1996
4. FEI Number 59-2582245	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	30

9. Name and Address of Current Registered Agent

**REHKEMPER, PHIL
2630 BRATTLE LANE
CLEARWATER FL 34621**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		DELETE
TITLE	VD	
NAME	TANNER, DAVID	
STREET ADDRESS	2627 BRATTLE LANE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MCHUGH, STEVE	
STREET ADDRESS	3401 LAKE SHORE LANE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	LANIER, CAROL	
STREET ADDRESS	3435 HINSDALE COURT	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, EILEEN	
STREET ADDRESS	3379 EAST LAKE SHORE LANE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HOWARD, A. SMITH	
STREET ADDRESS	3436 LAKE SHORE LANE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RISHAVY, JOHN	
STREET ADDRESS	3448 LAKE SHORE LANE	
CITY-ST-ZIP	CLEARWATER FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	PRESIDENT - DIRECTOR	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	BOB BISHOP		
1.3 STREET ADDRESS	3361 E. LAKE SHORE LN		
1.4 CITY-ST-ZIP	CLEARWATER, FL 34621		
2.1 TITLE	TREAS. - DIRECTOR	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	SHELDON HOFFMAN		
2.3 STREET ADDRESS	3343 E. LAKE SHORE LN.		
2.4 CITY-ST-ZIP	CLEARWATER, FL 34621		
3.1 TITLE	FRANCIS KAPUSINSKY	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	DIRECTOR		
3.3 STREET ADDRESS	3348 LAKE SHORE LN.		
3.4 CITY-ST-ZIP	CLEARWATER, FL 34621		
4.1 TITLE	DIRECTOR	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.2 NAME	BRYAN STYPOL		
4.3 STREET ADDRESS	3362 E. LAKE SHORE LN		
4.4 CITY-ST-ZIP	CLEARWATER, FL 34621		
5.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.2 NAME	DAVID TANNER		
5.3 STREET ADDRESS	2627 BRATTLE LN.		
5.4 CITY-ST-ZIP	CLEARWATER, FL 34621		
6.1 TITLE	SECRETARY - DIRECTOR	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6.2 NAME	JOHN RISHAVY		
6.3 STREET ADDRESS	3448 LAKE SHORE LN.		
6.4 CITY-ST-ZIP	CLEARWATER, FL 34621		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **SHELDON HOFFMAN - DIRECTOR/TREAS.** 1/20/97 813-962-3986

CP2E037 (9/96)