

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90009 044 ****61.25

DOCUMENT # N01738

1. Entity Name

WYNWOODS LANDING HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 14455
 CLEARWATER FL 33766

P.O. BOX 14455
 CLEARWATER FL 33766-4455

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2582245

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRYAN, STYPUL
3362 E. LAKE SHORE LANE
CLEARWATER FL 33761

Name

Steven Owens

Street Address (P.O. Box Number is Not Acceptable)

3437 LAKE SHORE LANE

City

Clearwater

FL

Zip Code

33761

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.

SIGNATURE

Steven Owens

Treasurer / Director

1/29/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BISHOP ROBERT	
STREET ADDRESS	3381 E LAKE SHOR LANE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SHELDON HOFFMAN	
STREET ADDRESS	3343 E. LAKE SHORE LN.	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRANCIS KAPUSINSKY	
STREET ADDRESS	3348 LAKE SHORE LN.	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BRYAN, STYPUL	
STREET ADDRESS	3362 E. LAKE SHORE LANE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	T, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEVEN OWENS	
STREET ADDRESS	3437 LAKE SHORE LANE	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE	S, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gloria Bock	
STREET ADDRESS	3356 E. LAKE SHORE LANE	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Chuck Egertor	
STREET ADDRESS	3425 LAKE SHORE DR	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robyn Peeler	
STREET ADDRESS	3414 LAKE SHORE LANE	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 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: *Steven Owens*

1/29/00 (727-785-4628)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #