

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 02, 2001 8:00 am
Secretary of State

02-02-2001 90264 007 ****61.25

DOCUMENT # N01738

1. Entity Name

WYNWOODS LANDING HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

P.O. BOX 14455
 CLEARWATER FL 33766

Mailing Address

P.O. BOX 14455
 CLEARWATER FL 33766

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2582245**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

OWENS, STEVEN
3437 LAKE SHORE LANE
CLEARWATER FL 33761

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 _____

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	FRANCIS KAPUSINSKY	3348 LAKE SHORE LN.	CLEARWATER FL	<input type="checkbox"/>
TD	OWENSS, STEVEN	3437 LAKE SHORE LANE	CLEARWATER FL 33761	<input type="checkbox"/>
SD	BOCK, GLORIA	3356 E LAKESHORE LANE	CLEARWATER FL 33701	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
P	CHUCK EGERTER	3425 LAKE SHORE LANE	CLEARWATER, FL 33761	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VP	GILL AUSTIN	3342 LAKE SHORE LANE	CLEARWATER FL 33761	<input type="checkbox"/>	<input checked="" type="checkbox"/>
S	JOHN OSHOR	3365 LAKE SHORE LANE	CLEARWATER, FL 33761	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	MICHELLE MARTOUX	2636 MEADOW WOOD DR	CLEARWATER, FL 33761	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	GALATEO JIM	3379 E LAKE SHORE LANE	CLEARWATER, FL 33761	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	ANITA GRYN	3372 LAKE SHORE LANE	CLEARWATER FL 33761	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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* **REQUISTERO Owens**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/01

Date

721-785-4228

Daytime Phone #

CR2E037 (10/00)