

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 02, 2002 8:00 am
Secretary of State

09-02-2002 90147 015 ****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

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

OWENS, STEVEN
3437 LAKE SHORE LANE
CLEARWATER FL 33761

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
min. will be \$236.25.

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	EGERTER, CHUCK	
STREET ADDRESS	3425 LAKE SHORE LANE	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE	SD	<input type="checkbox"/> Delete
NAME	AUSTIN, GILL	
STREET ADDRESS	3342 LAKE SHORE LANE	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	OSHEA, JOHN	
STREET ADDRESS	3365 LAKESHORE LANE	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MARTONE, MICHELLE	
STREET ADDRESS	2636 MEADOW WOOD DR	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GALATEO, JIM	
STREET ADDRESS	3379 E LAKE SHORE LAKE	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GRYN, AINTA	
STREET ADDRESS	3372 LAKE SHORE LANE	
CITY-ST-ZIP	CLEARWATER FL 33761	

TITLE	P	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHIRLEY JONES	
STREET ADDRESS	3390 LAKE SHORE LANE	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE	SD VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARY BARRETT	
STREET ADDRESS	3373 E. LAKE SHORE LANE	
CITY-ST-ZIP	CLEARWATER, FL 33761	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANK PICARDI	
STREET ADDRESS	3366 LAKE SHORE LANE	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GERRY LEE	
STREET ADDRESS	3448 LAKE SHORE LANE	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANN GALATEO	
STREET ADDRESS	3379 E. LAKE SHORE LANE	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CINDY MALINSKI	
STREET ADDRESS	3384 LAKE SHORE LANE	
CITY-ST-ZIP	CLEARWATER FL 33761	

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

8/25/02

727-765-4228

CR2E037 (4/02)