


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90061 027 ****61.25

DOCUMENT # N01738
 1. Entity Name
WYNWOODS LANDING HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
 P.O. BOX 14455 P.O. BOX 14455
 CLEARWATER FL 33766 CLEARWATER FL 33766

20022424



1st MOORE CR2E037 (10/04)

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**

6. Name and Address of Current Registered Agent
BARNETT, MARY
3373 E LAKE SHORE W
CLEARWATER FL 33761

7. Name and Address of New Registered Agent
 Name **SHIRLEY H. JONES**
 Street Address (P.O. Box Number is Not Acceptable)
3390 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. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE Shirley H. Jones Pres. DATE 1-31-05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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	P	<input type="checkbox"/> Delete
NAME	JONES, SHIRLEY	
STREET ADDRESS	3390 LAKE SHORE LAKE	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE	P	<input type="checkbox"/> Delete
NAME	BARNETT, MARY	
STREET ADDRESS	3373 E LAKE SHORE LANE	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE	S	<input type="checkbox"/> Delete
NAME	AUSTIN, KATHY	
STREET ADDRESS	3342 LAKE SHORE LANE	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEE, GEREY	
STREET ADDRESS	3448 LAKE SHORE LANE	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	GALATEO, ANN	
STREET ADDRESS	3379 E LAKE SHORE LANE	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MAUNSKI, CINDY	
STREET ADDRESS	3384 LAKE SHORE LANE	
CITY-ST-ZIP	CLEARWATER FL 33761	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: Shirley H. Jones SHIRLEY H. JONES DATE: 1-31-05 DAYTIME PHONE #: 772-5595
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR