


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 28, 2008 8:00 am**  
**Secretary of State**

01-28-2008 90048 011 \*\*\*\*61.25

<b>DOCUMENT # N01738</b>					
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 - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip			Country		
Zip			Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
JONES, SHIRLEY H 3390 LAKE SHORE LANE CLEARWATER, FL 33761			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, SHIRLEY		NAME		
STREET ADDRESS	3390 LAKE SHORE LAKE		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33761		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALINSKI, EDWARD		NAME		
STREET ADDRESS	3384 LAKE SHORE LANE		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33761		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHEENY, HAL		NAME		
STREET ADDRESS	3335 LAKE SHORE LN		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33761		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE, GERRY		NAME		
STREET ADDRESS	3448 LAKE SHORE LANE		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33761		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALATEO, ANN		NAME		
STREET ADDRESS	3379 E LAKE SHORE LANE		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33761		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, JOHN		NAME		
STREET ADDRESS	2623 S LAKE SHORE LANE		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33761		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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		1-24-08 (727) 772-5595	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	