2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004
Secretary of State

DOCUMENT# N02000000129

Entity Name: WYNGATE FOREST OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2150 W. SR 4374
5000
LONGWOOD, FL 327795044

New Principal Place of Business:

2150 W. SR 434
SUITE 5000
LONGWOOD, FL 327795044

Current Mailing Address:

2180 W. SR 434, STE. 5000
LONGWOOD, FL 327795044

New Mailing Address:

2180 W. SR 434
SUITE 5000
LONGWOOD, FL 327795044

FEI Number: 16-1621786 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SENTRY MANAGEMENT INC
2180 W SR 434 STE 5000
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

HART, JAMES W JR
2180 W SR 434
SUITE 5000
LONGWOOD, FL 32779 US

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: JAMES W HART JR 04/13/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: SMITH, CLINTON
Address: 6620 SOUTHPOINT DRIVE SUITE 400
City-St-Zip: JACKSONVILLE, FL 32216

Title: DV ( ) Delete
Name: LEWIS, KIM
Address: 6620 SOUTHPOINT DRIVE SUITE 400
City-St-Zip: JACKSONVILLE, FL 32216

Title: DST ( ) Delete
Name: BOYD, LISA
Address: 6620 SOUTHPOINT DR. STE 400
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SMITH, CLINTON
Address: 6620 SOUTHPOINT DRIVE SUITE 400
City-St-Zip: JACKSONVILLE, FL 32216

Title: VPD (X) Change ( ) Addition
Name: LEWIS, KIM
Address: 6620 SOUTHPOINT DRIVE SUITE 400
City-St-Zip: JACKSONVILLE, FL 32216

Title: STD (X) Change ( ) Addition
Name: GOULD, ANGELA
Address: 6620 SOUTHPOINT DR. STE 400
City-St-Zip: JACKSONVILLE, FL 32216

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLINTON SMITH PD 04/13/2004
Electronic Signature of Signing Officer or Director Date