

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000129

FILED
Mar 15, 2006
Secretary of State

Entity Name: WYNGATE FOREST OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

8311 WARLIN DRIVE, SOUTH
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 550946
JACKSONVILLE, FL 32255

New Mailing Address:

6015 MORROW STREET EAST
SUITE 107
JACKSONVILLE, FL 32217

FEI Number: 16-1621786

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRAIG, SEAN M
8311 WARLIN DRIVE SOUTH
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

HUFFMAN, ROBERT
8298 WARLIN DRIVE NORTH
JACKSONVILLE, FL 32216 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: ROBERT HUFFMAN

03/15/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: COLLINS, JAMES
Address: 3275 WARNELL DRIVE
City-St-Zip: JACKSONVILLE, FL 32216

Title: VPD (X) Delete
Name: HUFFMAN, ROBERT
Address: 8298 WARLIN DRIVE NORTH
City-St-Zip: JACKSONVILLE, FL 32216

Title: STD () Delete
Name: CRAIG, SEAN
Address: 8311 WARLIN DRIVE SOUTH
City-St-Zip: JACKSONVILLE, FL 32216

Title: OFF () Delete
Name: EMERY, ALLISON
Address: 3341 WARNELL DRIVE
City-St-Zip: JACKSONVILLE, FL 32216

Title: OFF () Delete
Name: COPOLA, MARIA
Address: 3348 WARLIN DRIVE SOUTH
City-St-Zip: JACKSONVILLE, FL 32248

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HUFFMAN, ROBERT
Address: 8298 WARLIN DRIVE NORTH
City-St-Zip: JACKSONVILLE, FL 32216

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: SEAN M. CRAIG

STD

03/15/2006

Electronic Signature of Signing Officer or Director

Date