## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000000129

Apr 25, 2007 Secretary of State

Entity Name: WYNGATE FOREST OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

8311 WARLIN DRIVE, SOUTH 6015 MORROW STREET EAST JACKSONVILLE, FL 32216

SUITE 107

JACKSONVILLE, FL 32217

**Current Mailing Address: 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: Name and Address of New Registered Agent:

HUFFMAN, ROBERT BANNING MANAGEMENT, INC 8298 WARLIN DRIVE NORTH 6015 MORROW STREET ÉAST JACKSONVILLE, FL 32216 SUITE 107 JACKSONVILLE, FL 31127 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: BANNING MANAGEMENT, INC 04/25/2007

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Name:

Address:

City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change ( ) Addition HUFFMAN, ROBERT RICE, DAVID Name: Name:

8298 WARLIN DRIVE NORTH Address: 3364 WARNELL DRIVE Address: City-St-Zip: JACKSONVILLE, FL 32216 City-St-Zip: JACKSONVILLE, FL 32216

Title: STD Title: (X) Change ( ) Addition () Delete

CRAIG, SEAN Name: TYRRELL, STEPHEN Name: Address: 8311 WARLIN DRIVE SOUTH Address: 3235 WARNELL DRIVE City-St-Zip: JACKSONVILLE, FL 32216 City-St-Zip: JACKSONVILLE, FL 32216

Title: OFF () Delete Title: OFF (X) Change ( ) Addition

EMERY, ALLISON TODARO, RONALD Name: Name: 3341 WARNELL DRIVE 3365 WARNELL DRIVE Address: Address: City-St-Zip: JACKSONVILLE, FL 32216 City-St-Zip: JACKSONVILLE, FL 32216

Title: OFF (X) Delete Title: () Change () Addition

COPOLA, MARIA Name: 3348 WARLIN DRIVE SOUTH Address: JACKSONVILLE, FL 32248 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: DAVOD RICE PD 04/25/2007