# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Apr 28, 2003 8:00 am**
**Secretary of State**
04-28-2003 90483 006 ****61.25

DOCUMENT # N02000000129

1. Entity Name
WYNGATE FOREST OWNERS' ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 6620 SOUTHPOINT DRIVE SUITE 400<br>JACKSONVILLE FL 32216 | 2180 WEST SR 434<br>SUITE 5000<br>LONGWOOD FL 32779-5044 |

☐ CHECK HERE IF MAKING CHANGES

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 2180 W SR 434 | |
| Suite, Apt. #, etc.<br># 5000 | Suite, Apt. #, etc. |
| City & State<br>Longwood FL | City & State |
| Zip / Country<br>32779-5044 US | Zip / Country |

4. FEI Number
16-1621786
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| CENTEX REAL ESTATE CORPORATION<br>6620 SOUTHPOINT DRIVE SUITE 400<br>JACKSONVILLE FL 32216 | JAMES W HART JR<br>SENTRY MANAGEMENT INC<br>2180 W SR 434 STE 5000<br>LONGWOOD FL 32779 |

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 _____ 4/21/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS $61.25**

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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DP<br>SMITH, CLINTON<br>6620 SOUTHPOINT DRIVE SUITE 400<br>JACKSONVILLE FL 32216 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DV<br>LEWIS, KIM<br>6620 SOUTHPOINT DRIVE SUITE 400<br>JACKSONVILLE FL 32216 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DST<br>GOULD, ANGELA<br>6620 SOUTHPOINT DRIVE SUITE 400<br>JACKSONVILLE FL 32216 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D/ST<br>Boyd, Lisa<br>6620 Southpoint Dr. South, Suite 400<br>Jacksonville, Fla. 32216 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
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CR2E037 (10/02)

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: X Clinton F. Smith DIRECTOR Clinton F. Smith 3-20-03 (904) 332-5267