

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2008 8:00 am**  
**Secretary of State**

02-07-2008 90026 008 \*\*\*\*61.25

<b>DOCUMENT # N04000002108</b>					
<b>1. Entity Name</b> THE GABLES AT WINGFIELD TOWNHOMES OWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> C/O MAY MANAGEMENT 5435 A1A SOUTH SAINT AUGUSTINE, FL 32080			<b>Mailing Address</b> C/O MAY MANAGEMENT 5435 A1A SOUTH SAINT AUGUSTINE, FL 32080		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 54-2146686	
Zip		Country		Applied For Not Applicable	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
ONEIL, CYNTHIA C/O MAY MANAGEMENT 5455 A1A SOUTH SAINT AUGUSTINE, FL 32080			Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> P <b>NAME</b> ZAKOSKE, JOHN <b>STREET ADDRESS</b> 2379 BEVILLE ROAD <b>CITY-ST-ZIP</b> ORMOND BEACH, FL 32174	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> P <b>NAME</b> Rogers, Zenzi <b>STREET ADDRESS</b> 926 Scrub Jay Drive <b>CITY-ST-ZIP</b> St. Augustine, FL 32092	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> V <b>NAME</b> DEARING, MARK <b>STREET ADDRESS</b> 2379 BEVILLE ROAD <b>CITY-ST-ZIP</b> DAYTONA BEACH, FL 32119	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> VP <b>NAME</b> Sweeting, Brandon <b>STREET ADDRESS</b> 533 Scrub Jay Drive <b>CITY-ST-ZIP</b> St. Augustine, FL 32092	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> ST <b>NAME</b> KNOX, LINNETTE <b>STREET ADDRESS</b> 2379 BEVILLE ROAD <b>CITY-ST-ZIP</b> DAYTONA BEACH, FL 32119	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> S <b>NAME</b> Oakley-Sutton, Michelle <b>STREET ADDRESS</b> 911 Scrub Jay Drive <b>CITY-ST-ZIP</b> St. Augustine, FL 32092	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> ST <b>NAME</b> RESTALL, SHELBY <b>STREET ADDRESS</b> 2379 BEVILLE ROAD <b>CITY-ST-ZIP</b> DAYTONA BEACH, FL 32119	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> ST <b>NAME</b> PORTER, ROBERT S <b>STREET ADDRESS</b> 2379 BEVILLE ROAD <b>CITY-ST-ZIP</b> DAYTONA BEACH, FL 32119	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b>			1/31/08 904.237.1625		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		