2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002108

FILED Apr 11, 2012 Secretary of State

Entity Name: THE GABLES AT WINGFIELD TOWNHOMES OWNERS ASSOCIATION, INC.

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

475 WEST TOWN PLACE 7400 BAYMEADOWS WAY

SUITE 112 SUITE 317

SAINT AUGUSTINE, FL 32092 JACKSONVILLE, FL 32256

Current Mailing Address: New Mailing Address:

C/O MAY MANAGEMENT SERVICES, INC. 7400 BAYMEADOWS WAY

5435 A1A SOUTH, SUITE 3 SUITE 317

SAINT AUGUSTINE, FL 32080 JACKSONVILLE, FL 32256

FEI Number: 54-2146686 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:

MAY MANAGEMENT SERVICES, INC COMMUNITY MANAGMENET CONCEPTS OF JAX

5455 A1A SOUTH 7400 BAYMEADOWS WAY SUITE 3 SUITE 317

SAINT AUGUSTINE, FL 32080 US JACKSONVILLE, FL 32256 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: SHERRILL SCHAFER 04/11/2012

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: F

Name: LEWIS, MELINDA

Address: 7400 BAYMEADOWS WAY, SUITE 317

City-St-Zip: JACKSONVILLE, FL 32256

Title: VP

Name: BRADFIELD, LESLIE

Address: 7400 BAYMEADOWS WAY, SUITE 317

City-St-Zip: JACKSONVILLE, FL 32256

Title: ST

Name: STODDARD, JEFF

Address: 7400 BAYMEADOWS WAY, SUITE 317

City-St-Zip: JACKSONVILLE, FL 32256

I hereby 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 all other like empowered.

SIGNATURE: MELINDA LEWIS P 04/11/2012