

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90089 044 \*\*\*\*61.25

**DOCUMENT # N06000004525**

1. Entity Name  
WINGATE VILLAGE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business  
9309-1A OLD KINGS ROAD  
JACKSONVILLE, FL 32257

Mailing Address  
9309-1A OLD KINGS ROAD  
JACKSONVILLE, FL 32257

**DO NOT WRITE IN THIS SPACE**



04092008 No Chg-NP CR2E037 (4/06)

4. FEI Number  
20-5731275

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

MONCHERO, GLORIA  
9309 OLD KINGS RD SOUTH  
SUITE 1-A  
JACKSONVILLE, FL 32257

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME EDMONDS, DANA  
STREET ADDRESS 9309-1A OLD KINGS ROAD  
CITY-ST-ZIP JACKSONVILLE, FL 32257

TITLE D  
NAME CUTTS, BILL  
STREET ADDRESS 9309-1A OLD KINGS ROAD  
CITY-ST-ZIP JACKSONVILLE, FL 32257

TITLE D  
NAME EDMONDS, STEPHEN L  
STREET ADDRESS 9309-1A OLD KINGS ROAD  
CITY-ST-ZIP JACKSONVILLE, FL 32257

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/16/08 904-737-9322