

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 14, 2007 08:00 AM
Secretary of State

DOCUMENT # N16666

1. Entity Name

WYCOFF PARK HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

WYCOFF PARK HOMEOWNER
ALTAMONTE SPRINGS FL 32715
US

Mailing Address

P.O. BOX 151553
ALTAMONTE SPRINGS FL 32715
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2131096

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

MCNATT, AMANDA O
2578 LANCASTER CT.
APOPKA FL 32703

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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

TITLE: P ☐ Delete
NAME: SCHIFF, JEROME
STREET ADDRESS: 752 HOWLAND LANE, #132
CITY-STATE-ZIP: ALTAMONTE SPRINGS FL 32701

TITLE: VP ☐ Delete
NAME: TIMBERLAKE, ANNA
STREET ADDRESS: 752 HOWLAND LN SUITE 128
CITY-STATE-ZIP: ALTAMONTE SPRINGS FL 32701

TITLE: S ☐ Delete
NAME: BETZA, IDA L
STREET ADDRESS: 752 HOWLAND LANE, #114
CITY-STATE-ZIP: ALTAMONTE SPRINGS FL 32701

TITLE: T ☐ Delete
NAME: MCNATT, AMANDA O
STREET ADDRESS: 2578 LANCASTER CT.
CITY-STATE-ZIP: APOPKA FL 32703

TITLE: D ☐ Delete
NAME: LOEW, GINA
STREET ADDRESS: 752 HOWLAND LN SUITE 122
CITY-STATE-ZIP: ALTAMONTE SPRINGS FL 32701

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition
NAME: U00000764116
STREET ADDRESS: 05/30/07-8U042-023 61.25
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

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STREET ADDRESS:
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NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Amanda O McNatt

5/1/07 467-786-2903