

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16666

FILED
Apr 22, 2009
Secretary of State

Entity Name: WYCOFF PARK HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

WYCOFF PARK HOMEOWNER
ALTAMONTE SPRINGS, FL 32715 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 151553
ALTAMONTE SPRINGS, FL 32715 US

New Mailing Address:

FEI Number: 59-2131096

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCNATT, AMANDA O
2578 LANCASTER CT.
APOPKA, FL 32703 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SCHIFF, JEROME
Address: 752 HOWLAND LANE , #132
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: VP () Delete
Name: TIMBERLAKE, ANNA
Address: 752 HOWLAND LN SUITE 128
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: S () Delete
Name: BETZA, IDA L
Address: 752 HOWLAND LANE, #114
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: T () Delete
Name: MCNATT, AMANDA O
Address: 2578 LANCASTER CT.
City-St-Zip: APOPKA, FL 32703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: AMANDA O MCNATT

TREA

04/22/2009

Electronic Signature of Signing Officer or Director

Date