

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90194 014 \*\*\*\*61.25

**DOCUMENT # N19526**

1. Entity Name

WYNNWOOD HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

878 E. CHARING CROSS CIRCLE  
LAKE MARY FL 32746

Mailing Address

878 E. CHARING CROSS CIRCLE  
LAKE MARY FL 32746

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2770202

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

COOVER, STEPHEN H  
HUTCHISON, MAMELE & COOVER, P.A.  
230 NORTH PARK AVENUE  
SANFORD FL 32771

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 re-registering)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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 PD  
NAME RIVERS, ARTHUR ☐ Delete  
STREET ADDRESS 841 CHARING CROSS CIR  
CITY-ST-ZIP LAKE MARY FL 32746

TITLE T  
NAME FETCHO, DONNA ☐ Delete  
STREET ADDRESS 878 E. CHARING CROSS CIRCLE  
CITY-ST-ZIP LAKE MARY FL 32746

TITLE S ☒ Delete  
NAME HOLLOWAY, ADRIAN  
STREET ADDRESS 850 E CHARING CROSS CIR  
CITY-ST-ZIP LAKE MARY FL 32746

TITLE D  
NAME QUIGLY, ELIZABETH ☐ Delete  
STREET ADDRESS 899 E CHARING CROSS CIR  
CITY-ST-ZIP LAKE MARY FL 32746

TITLE D  
NAME QUIGLY, OLIVIA ☐ Delete  
STREET ADDRESS 891 CHARING CROSS CIR  
CITY-ST-ZIP LAKE MARY FL 32746

TITLE D  
NAME SISSEK, ANNETTE ☐ Delete  
STREET ADDRESS 806 E CHARING CROSS CIR  
CITY-ST-ZIP LAKE MARY FL 32746

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-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.