

FILED
Jan 31, 2007 8:00 am
Secretary of State

01-31-2007 90033 036 ****61.25

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 891 E. CHARING CROSS CIR Suite, Apt. #, etc.		40006889 	
City & State Zip		City & State LAKE MARY FL Zip 32746		4. FEI Number 59-2770202	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				01232007 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent COOVER, STEPHEN H HUTCHISON, MAMELE & COOVER, P.A. 230 NORTH PARK AVENUE SANFORD, FL 32771			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RIVERS, ARTHUR 841 CHARING CROSS CIR LAKE MARY, FL 32746		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FETCHO, DONNA 878 E. CHARING CROSS CIRCLE LAKE MARY, FL 32746		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUIGLY, ELIZABETH 899 E CHARING CROSS CIR LAKE MARY, FL 32746		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V QUIGLEY ELIZABETH 899 E CHARING CROSS CIR LAKE MARY FL 32746	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUIGLY, OLIVIA 891 CHARING CROSS CIR LAKE MARY, FL 32746		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T QUIGLEY OLYMPIA 891 E. CHARING CROSS CIR LAKE MARY, FL 32746	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SISSER, ANNETTE 806 E CHARING CROSS CIR LAKE MARY FL 32746	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: Olympia Quigley 1/26/07 407-302-5619
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR OR 407-310-7860