

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90019 024 ****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

891 E. CHARING CROSS CIR
LAKE MARY FL 32746

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

891 E. CHARING CROSS CIR

3. Mailing Address

Suite, Apt. #, etc.

LAKE MARY, FL.

City & State

City & State

Zip 32746

Country SEMINOLE

Zip

Country

4. FEI Number

59-2770202

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/07)

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

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, 2008

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
STREET ADDRESS 841 CHARING CROSS CIR
CITY-ST-ZIP LAKE MARY FL 32746 ☐ Delete

TITLE V
NAME QUIGLEY, ELIZABETH
STREET ADDRESS 899 E CHARING CROSS CIR
CITY-ST-ZIP LAKE MARY FL 32746 ☒ Delete

TITLE T
NAME QUIGLEY, OLYMPIA
STREET ADDRESS 891 E CHARING CROSS CIR
CITY-ST-ZIP LAKE MARY FL 32746 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

OLYMPIA QUIGLEY *Olympia Quigley* 2/19/08

407-310-7860

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

County Phone #