

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

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90821 037 ****61.25

DOCUMENT # N29257

1. Entity Name

**WYNGATE FARMS HOMEOWNERS ASSOCIATION,
INCORPORATED**



Principal Place of Business

**MANAGEMENT SPECIALISTS
4400 NW 36 AVENUE
GAINESVILLE FL 32606
US**

Mailing Address

**MANAGEMENT SPECIALISTS
4400 NW 36 AVENUE
GAINESVILLE FL 32606
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

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-3276037

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

**TRIPPE, PATRICIA K
4400 NW 36 AVENUE
GAINESVILLE FL 32606**

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 reissuing)

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	<input type="checkbox"/> Delete
NAME	VAN DYKE, WILLIAM	
STREET ADDRESS	13816 NW 19 PLACE	
CITY-STATE-ZIP	GAINESVILLE FL 32606	
TITLE	VS	<input type="checkbox"/> Delete
NAME	DETHOMASIS, CRAIG	
STREET ADDRESS	13626 NW 19 PLACE	
CITY-STATE-ZIP	GAINESVILLE FL 32606	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BAUERLE, ANNE	
STREET ADDRESS	13126 NW 19 PLACE	
CITY-STATE-ZIP	GAINESVILLE FL 32606	
TITLE	D	<input type="checkbox"/> Delete
NAME	PUCKETT, EMILIE	
STREET ADDRESS	13707 NW 19TH PLACE	
CITY-STATE-ZIP	GAINESVILLE FL 32606	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLAS, DANIELLE	
STREET ADDRESS	13210 NW 9TH PLACE	
CITY-STATE-ZIP	GAINESVILLE FL 32606	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUSTON, LEE	
STREET ADDRESS	2208 NW 133 TERR	
CITY-STATE-ZIP	GAINESVILLE FL 32606	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Linda Young	
STREET ADDRESS	13414 NW 19th Place	
CITY-STATE-ZIP	Gainesville, FL 32606	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE	Sec.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Huston, Lee	
STREET ADDRESS	2208 NW 133 Terr	
CITY-STATE-ZIP	Gainesville, FL 32606	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRAIG DETHOMASIS

Date

4-26-07

Daytime Phone #

352-515-1000