

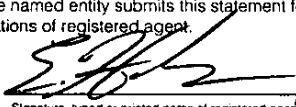
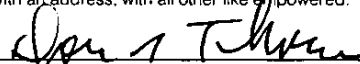


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90067 007 ****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 # 500 NW 43rd Street		3. Mailing Address 500 NW 43rd Street			
Suite, Apt. #, etc. Suite 3		Suite, Apt. #, etc. Suite 3		01082008 Chg-NP CR2E037 (12/06)	
City & State Gainesville FL		City & State Gainesville FL		4. FEI Number 59-3276037	
Zip 32607		Zip 32607		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Country USA		Country USA		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent TRIPPE, PATRICIA K 4400 NW 36 AVENUE GAINESVILLE, FL 32606				7. Name and Address of New Registered Agent Name Cornerstone Property Solutions of N. Central FL Street Address (P.O. Box Number is Not Acceptable) 500 NW 43rd Street Suite 3 City Gainesville FL Zip Code 32607	
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  Eugene Haufker, Owner 1-21-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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 P NAME VAN DYKE, WILLIAM STREET ADDRESS 13816 NW 19 PLACE CITY-ST-ZIP GAINESVILLE, FL 32606	<input checked="" type="checkbox"/> Delete		TITLE President NAME Don Thomas STREET ADDRESS 2119 NW 135th Terrace CITY-ST-ZIP Gainesville, FL 32606	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VS NAME DETHOMASIS, CRAIG STREET ADDRESS 13626 NW 19 PLACE CITY-ST-ZIP GAINESVILLE, FL 32606	<input checked="" type="checkbox"/> Delete		TITLE VP NAME Britt Mims STREET ADDRESS 32606 NW 133rd Terrace CITY-ST-ZIP Gainesville FL 32606	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE T NAME YOUNG, LINDA STREET ADDRESS 13414 NW 19TH PLACE CITY-ST-ZIP GAINESVILLE, FL 32606	<input type="checkbox"/> Delete		TITLE OS NAME Justina Burt STREET ADDRESS 2135 NW 133rd Terrace CITY-ST-ZIP Gainesville FL 32606	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME PUCKETT, EMILIE STREET ADDRESS 13707 NW 19TH PLACE CITY-ST-ZIP GAINESVILLE, FL 32606	<input checked="" type="checkbox"/> Delete		TITLE D NAME Kristi Taylor STREET ADDRESS 13823 NW 19th Pl. CITY-ST-ZIP Gainesville FL 32606	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME BLAS, DANIELLE STREET ADDRESS 13210 NW 9TH PLACE CITY-ST-ZIP GAINESVILLE, FL 32606	<input type="checkbox"/> Delete		TITLE D NAME Myrna Calderone STREET ADDRESS 13601 NW 19th Pl. CITY-ST-ZIP Gainesville, FL 32606	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE S NAME HUSTON, LEE STREET ADDRESS 2208 NW 133 TERR CITY-ST-ZIP GAINESVILLE, FL 32606	<input checked="" 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:  1/21/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					