

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29257

FILED  
Apr 27, 2009  
Secretary of State

**Entity Name:** WYNGATE FARMS HOMEOWNERS ASSOCIATION, INCORPORATED

**Current Principal Place of Business:**

500 NW 43RD STREET  
SUITE 3  
GAINESVILLE, FL 32607 US

**New Principal Place of Business:**

**Current Mailing Address:**

500 NW 43RD STREET  
SUITE 3  
GAINESVILLE, FL 32607 US

**New Mailing Address:**

**FEI Number:** 59-3276037      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORNERSTONE PROP SOL OF N. CENTRAL FL  
500 NW 43RD STREET  
SUITE 3  
GAINESVILLE, FL 32607 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: THOMAS, DON  
Address: 2119 NW 135TH TERRACE  
City-St-Zip: GAINESVILLE, FL 32606

Title: VP (X) Delete  
Name: MIMS, BRITT  
Address: 32606 NW 133RD TERRACE  
City-St-Zip: GAINESVILLE, FL 32606

Title: T ( ) Delete  
Name: YOUNG, LINDA  
Address: 13414 NW 19TH PLACE  
City-St-Zip: GAINESVILLE, FL 32606

Title: D ( ) Delete  
Name: TAYLOR, KRISTI  
Address: 13823 NW 19TH PL.  
City-St-Zip: GAINESVILLE, FL 32606

Title: D ( ) Delete  
Name: BLAS, DANIELLE  
Address: 13210 NW 9TH PLACE  
City-St-Zip: GAINESVILLE, FL 32606

Title: D ( ) Delete  
Name: CALDERONE, MYRNA  
Address: 13601 NW 19TH PL.  
City-St-Zip: GAINESVILLE, FL 32606

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: MIMS, BRITT  
Address: 32606 NW 133RD TERRACE  
City-St-Zip: GAINESVILLE, FL 32606

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: BLAS, DANIELLE  
Address: 13210 NW 9TH PLACE  
City-St-Zip: GAINESVILLE, FL 32606

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRITT MIMS

P

04/27/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date