


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90107 035 ****61.25

DOCUMENT # N29548					
1. Entity Name WYNSTONE NEIGHBORHOOD ASSOCIATION, INC.					
Principal Place of Business 18107 PRINCESS POINT CIRCLE TAMPA, FL 33647			Mailing Address P.O. BOX 48855 TAMPA, FL 33647		
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	4. FEI Number 59-2921758	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LUSK, BARBARA A 18107 PRINCESS POINT CIRCLE TAMPA, FL 33647				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) DATE</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					
TITLE	P	<input checked="" type="checkbox"/> Delete			
NAME	DAVIS, JOHN				
STREET ADDRESS	17842 GREEN WILLOW DRIVE				
CITY-ST-ZIP	TAMPA, FL 33647				
TITLE	VPD	<input type="checkbox"/> Delete			
NAME	JOHNSON, JEFFREY				
STREET ADDRESS	17959 HOLLY BROOK DRIVE				
CITY-ST-ZIP	TAMPA, FL 33647				
TITLE	TD	<input type="checkbox"/> Delete			
NAME	HAMRICK, ROD				
STREET ADDRESS	17901 HOLLY BROOK DRIVE				
CITY-ST-ZIP	TAMPA, FL 33647				
TITLE	SD	<input type="checkbox"/> Delete			
NAME	BROWN, LESLIE				
STREET ADDRESS	17828 GREEN WILLOW DRIVE				
CITY-ST-ZIP	TAMPA, FL 33647				
TITLE	D	<input type="checkbox"/> Delete			
NAME	PARKER, JANICE				
STREET ADDRESS	17939 HOLLY BROOK DRIVE				
CITY-ST-ZIP	TAMPA, FL 33647				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	Hedine, Gary				
STREET ADDRESS	17925 Holly Brook Drive				
CITY-ST-ZIP	Tampa, FL 33647				
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	Johnson, Jeffrey				
STREET ADDRESS	17959 Holly Brook Drive				
CITY-ST-ZIP	Tampa, FL 33647				
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	Brower, Ralph				
STREET ADDRESS	17853 Green Willow Drive				
CITY-ST-ZIP	Tampa, FL 33647				
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	Tomlinson, Sharon				
STREET ADDRESS	17826 Green Willow Drive				
CITY-ST-ZIP	Tampa, FL 33647				
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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: <u>Larry E. Nishie</u> 3-6-07 812-973-8461					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

60023090



02142007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2921758 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent	
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SIGNATURE: Larry E. Nishie 3-6-07 812-973-8461

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR