

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29548

FILED
Mar 13, 2009
Secretary of State

Entity Name: WYNSTONE NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

18107 PRINCESS POINT CIRCLE
TAMPA, FL 33647

New Principal Place of Business:

8801 HUNTER'S GREEN DRIVE
TAMPA, FL 33647

Current Mailing Address:

PO BOX 48855
TAMPA, FL 33646

New Mailing Address:

FEI Number: 59-2921758

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEZER, STEVEN
1801 N. HIGHLAND AVE.
TAMPA, FL 33602 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: HEDINE, GARY
Address: 17925 HOLLY BROOK DRIVE
City-St-Zip: TAMPA, FL 33647

Title: D () Delete
Name: JOHNSON, JEFFREY
Address: 17959 HOLLY BROOK DRIVE
City-St-Zip: TAMPA, FL 33647

Title: TD () Delete
Name: HAMRICK, ROD
Address: 17901 HOLLY BROOK DRIVE
City-St-Zip: TAMPA, FL 33647

Title: VD () Delete
Name: BROWER, RALPH
Address: 17853 GREEN WILLOW DRIVE
City-St-Zip: TAMPA, FL 33647

Title: SD () Delete
Name: LUEDERS, JOYCE
Address: 17920 HOLLY BROOK DRIVE
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: VD (X) Change () Addition
Name: LUEDERS, JOYCE
Address: 17920 HOLLY BROOK DRIVE
City-St-Zip: TAMPA, FL 33647

Title: SD (X) Change () Addition
Name: DUCI, FRANK
Address: 17839 GREEN WILLOW DRIVE
City-St-Zip: TAMPA, FL 33647

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: GARY HEDINE

PRES

03/13/2009

Electronic Signature of Signing Officer or Director

Date