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NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N37683 (2)**
1. Corporation Name
WYNDAM FOREST HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business	Mailing Address
C/O PROPERTY MANAGEMENT SYSTEMS INC. 3315 E. STATE ROAD 200 YULEE FL 32097 US	C/O PROPERTY MANAGEMENT SYSTEMS INC. P.O. BOX 1408 FERNANDINA BEACH FL 32035 US

3. Date Incorporated or Qualified 04/11/1990	3a. Date of Last Report 04/24/1995
4. FEI Number 59-2987280	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc. 22 2215 E STATE ROAD 200 23 City & State 24 Zip 25 Country	26 Suite, Apt. #, etc. 27 City & State 28 YULEE FL 29 Zip 30 32097-1987 31 Country USA

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
POWELL, TERRELL J. PROPERTY MANAGEMENT SYSTEMS 2215 E. STATE ROAD 200 YULEE FL 32097	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-statuting) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD DRAGIFF, MATTHEW 3833 HABERSHAM FOREST DR. JACKSONVILLE FL <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	SD NILL, KEVIN 3842 HABERSHAM FOREST DR JACKSONVILLE FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LANDY, JOHN 3881 HABERSHAM FOREST DR. JACKSONVILLE FL <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	VP RETTINGER, JIM 3891 FAIRBANKS FOREST DR JACKSONVILLE FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD DAVIS, GARY 3826 FAIRBANKS FOREST DR. JACKSONVILLE FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Gary Davis **GARY DAVIS** 3/6/96 (904) 279-6119
Date Day: the Phone #

CR2E037 (12/95)