

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N37683

1. Entity Name

WYNDAM FOREST HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

2215 STSTE RD 200
YULEE FL 32097
US

Mailing Address

P.O BOX 1987
FERNANDINA BEACH FL 32041-1987
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2987280

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**POWELL, TERRELL J.
PROPERTY MANAGEMENT SYSTEMS
2215 E. STATE ROAD 200
YULEE FL 32097**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Delete
NAME **PARKER, GUY**
STREET ADDRESS **3891 FAIRBANKS FOREST DR**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **VPD** Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **32223**

TITLE **VPD** Delete
NAME **ABRAMS, RICK**
STREET ADDRESS **3889 HABERSHAM FOREST DR**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **STD** Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **32223**

TITLE **SD** Delete
NAME **GROSS, GLENN**
STREET ADDRESS **3907 FAIRBANKS FOREST DR**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** Change Addition
NAME **Brenda Lee Hanson**
STREET ADDRESS **3811 Fairbanks Forest Dr**
CITY-ST-ZIP **Jacksonville FL 32223**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Brenda Lee Hanson* **REQUIRED - Brenda Lee Hanson**

2/29/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 10, 2000 8:00 am
Secretary of State

03-10-2000 90039 027 ****61.25

00035524



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)