

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90012 011 ****61.25

DOCUMENT # N37683

1. Entity Name

WYNDAM FOREST HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2215 STSTE RD 200
 YULEE FL 32097
 US

P.O. BOX 1987
 FERNANDINA BEACH FL 32041
 US

2. Principal Place of Business

3. Mailing Address

Po Box 1987

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Yulee FL

4. FEI Number

59-2987280

Applied For

Not Applicable

Zip

Country

Zip

Country

32041-1987

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

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	VD	<input type="checkbox"/> Delete
NAME	PARKER, GUY	
STREET ADDRESS	3891 FAIRBANKS FOREST DR	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE	STD	<input type="checkbox"/> Delete
NAME	ABRAMS, RICK	
STREET ADDRESS	3889 HABERSHAM FOREST DR	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HANSON, BRENDA L	
STREET ADDRESS	3811 FAIRBANKS FOREST DR	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JENNIFER HOBENSACK	
STREET ADDRESS	3811 FAIRBANKS FOREST DR	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 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: Jennifer Hobensack
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/02
Date

904-886-7406
Daytime Phone #

CR2E037 (9/01)