

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37683

FILED  
Apr 24, 2006  
Secretary of State

**Entity Name:** WYNDAM FOREST HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

463499 STATE ROAD 200  
YULEE, FL 32097 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1987  
YULEE, FL 320411987 US

**New Mailing Address:**

**FEI Number:** 59-2987280

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

POWELL, TERRELL J  
463499 STATE ROAD 200  
YULEE, FL 32097 US

**Name and Address of New Registered Agent:**

PROPERTY MANAGEMENT SYSTEMS INC  
463499 STATE ROAD 200  
YULEE, FL 32097 US

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: TERRELL J POWELL

04/24/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P/D ( ) Delete  
Name: CRABTREE, JOHN  
Address: 3874 FAIRBANKS FOREST DRIVE  
City-St-Zip: JACKSONVILLE, FL 32223

Title: STD ( ) Delete  
Name: PEACOCK, BYRON  
Address: 3890 HABERSHAM FOREST DR  
City-St-Zip: JACKSONVILLE, FL 32223

Title: VPD ( ) Delete  
Name: JOHNSON, KIRBY  
Address: 3817 FAIRBANKS FOREST DRIVE  
City-St-Zip: JACKSONVILLE, FL 32223

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P/D (X) Change ( ) Addition  
Name: JOHNSON, KIRBY L SR  
Address: 3817 HABERSHAM FOREST DRIVE  
City-St-Zip: JACKSONVILLE, FL 32223 US

Title: V/D (X) Change ( ) Addition  
Name: MORTENSON, BERNARD  
Address: 3825 HABERSHAM FOREST DRIVE  
City-St-Zip: JACKSONVILLE, FL 32223 US

Title: STD (X) Change ( ) Addition  
Name: PEACOCK, BYRON  
Address: 3890 HABERSHAM FOREST DRIVE  
City-St-Zip: JACKSONVILLE, FL 32223 US

I hereby certify that the information supplied with this filing does not qualify for the 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: KIRBY L JOHNSON, SR.

P/D

04/24/2006

Electronic Signature of Signing Officer or Director

Date