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CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 14 AM 9:27

DOCUMENT # N47116 (1)

1. Corporation Name

WYNFIELD HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
320 EAST ADAMS STREET JACKSONVILLE FL 32202	P. O. BOX 125 ORANGE PARK FL 32067-0125 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/03/1992
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3106368 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21 NONE
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

9. Name and Address of Current Registered Agent

ODOM, CAROL
448 WYNFIELD CIR
ORANGE PARK FL 32073

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Carol Odom 2/19/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	11 TITLE	☐ Change ☐ Addition
NAME	HODGES, LARRY	12 NAME	
STREET ADDRESS	449 WYNFIELD CIR	13 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL	14 CITY-ST-ZIP	
TITLE	P	21 TITLE	☐ Change ☐ Addition
NAME	FERGUSON, MALCOLM M. J	22 NAME	
STREET ADDRESS	468 WYNFIELD CIRCLE	23 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL	24 CITY-ST-ZIP	
TITLE	T	31 TITLE	☐ Change ☐ Addition
NAME	ODOM, CAROL	32 NAME	
STREET ADDRESS	448 WYNFIELD CIR	33 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL	34 CITY-ST-ZIP	
TITLE	S	41 TITLE	☐ Change ☐ Addition
NAME	GASCHLOR, WILLIAM	42 NAME	
STREET ADDRESS	488 WYNFIELD DR	43 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☒ Change ☐ Addition
NAME	ROLAND, GARY	52 NAME	D ROSETTA SPIGNER
STREET ADDRESS	431 WYNFIELD CIRCLE	53 STREET ADDRESS	461 WYNFIELD CIRCLE
CITY-ST-ZIP	ORANGE PARK FL	54 CITY-ST-ZIP	ORANGE PARK, FL 32073
TITLE	D	61 TITLE	☒ Change ☐ Addition
NAME	DAWSON, CARL J	62 NAME	D DAVID BEARD
STREET ADDRESS	320 E ADAMS ST	63 STREET ADDRESS	404 WYNFIELD CIRCLE
CITY-ST-ZIP	JACKSONVILLE FL	64 CITY-ST-ZIP	ORANGE PARK FL 32073

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: Carol Odom 2/19/95 (904) 264-8723
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0022411