

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N47116 (1)

1. Corporation Name

WYNFIELD HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

**320 EAST ADAMS STREET
JACKSONVILLE FL 32202**

Mailing Address

**P. O. BOX 125
ORANGE PARK FL 32067-0125
US**

3. Date Incorporated or Qualified
02/03/1992

3a. Date of Last Report
06/14/1995

2. Principal Place of Business

2a. Mailing Address

21 NONE

26

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ODOM, CAROL
448 WYNFIELD CIR
ORANGE PARK FL 32073**

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

Carol Odom

3/31/96

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 ☐ DELETE
NAME **V HODGES, LARRY**
STREET ADDRESS **449 WYNFIELD CIR**
CITY-ST-ZIP **ORANGE PARK FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **P FERGUSON, MALCOLM M. J**
STREET ADDRESS **468 WYNFIELD CIRCLE**
CITY-ST-ZIP **ORANGE PARK FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **T ODOM, CAROL**
STREET ADDRESS **448 WYNFIELD CIR**
CITY-ST-ZIP **ORANGE PARK FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME **S GASCHLOR, WILLIAM**
STREET ADDRESS **488 WYNFIELD DR**
CITY-ST-ZIP **ORANGE PARK FL**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **S DELANEY, SCOTT**
4.3 STREET ADDRESS **424 WYNFIELD CIRCLE**
4.4 CITY-ST-ZIP **ORANGE PARK, FL 32073**

TITLE ☐ DELETE
NAME **D SPIGNER, ROSETTA**
STREET ADDRESS **461 WYNFIELD CIRCLE**
CITY-ST-ZIP **ORANGE PARK FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D BEARD, DAVID**
STREET ADDRESS **464 WYNFIELD CIRCLE**
CITY-ST-ZIP **ORANGE PARK FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/96

Date

(904) 204-8723

Daytime Phone #

CR2E037 (12/95)