FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT #

1. Corporation Name

N47116

(1)

MANAGER A	HOMEOWATEDO	ACCOCIATION	INIO
WYNELL	HOMEOWNERS	ASSUGIATION:	INU

WYNFII	ELD HOMEOWNERS ASSO	CIATION, INC.							
Principal Place of Business Malling Address				j skaintai kit atkis ikaai tihai stana a	ti dinei minit nibit	81811 918			
320 EAST ADAMS STREET P. O. BOX 125 JACKSONVILLE FL 32202 ORANGE PARK FL 32067-0125 US		0125							
						3. Date Incorporated or Qualified 02/03/1992	3a. Date of 04/1	0/198	port 6
2. Principal Place of Business 28. Mailing Address					4. FEI Number 59-3106368			plied For	
21 26					38-3 100300			t Applicable	
Suite, Apt. #, etc Suite, Apt. #, etc. 22 27					5. Certificate of Status Desired		Fee Re	dditional quired	
City & State City & State					6. Election Campaign Financing			May Be	
23		28	——————————————————————————————————————			Trust Fund Contribution		dded to	
Zip	Country	Zip	Country	1		8. This corporation has liability for in			199.032,
24	25 9. Name and Address of Currer	29	30			Florida Statutes 0. Name and Address of New Rec	Yes 🗷 No		
ļ	B. Maine Bild Address of Currer	It Uadieralen Wastit	81	Name		IV. Gallia sun voniass hi Mau val	istoian vilait		
ODOM, O	CAROL								
	NFIELD CIR		82	Street	Address	(P.O. Box Number is Not Acceptable	θ)		
	PARK FL 32073		83		'				
!			B4	City			FI 85	Zip (Code
11. Pursuant I	to the provisions of Sections 617.050	2 and 617 1508. Florida Statu	tes the abov	e-parned	d corpore	tion submits this statement for the p		gina it:	s registered
office or re	to the provisions of Sections 617.050 egistered agent, or both, in the State or familiar with, and accept the oblig	of Florida. Such change was	authorized b	y the cor	rporation'	s board of directors. I hereby accep	t the appointm	ent as	registered
	in tannilal with, and accept the oblig	ations of, Section 617.0003, 11	Orida Statute	٥.					
SIGNATURE _	Signature, typed or printed name of registered age	ent and title if applicable (NO	E: Registered Ag	ent signature	re required w		DATE		
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFFIC			
TITLE	V	☐ DELETE	1.1 TITLE		İ			hange	Addition
NAME			1.2 NAME	4					
STREET ADDRESS	449 WYNFIELD CIR ORANGE PARK FL			ADDRESS					
CITY-ST-ZIP TITLE	D D	DELETE	1.4 CITY-1	ST-ZIP				hange	☐ Addition
NAME	FERGUSON, MALCOLM M. J		2.2 NAME					mango	realiton
STREET ADDRESS	468 WYNFIELD CIRCLE		2.3 STREET	PPRODEC		.e.			
CITY-ST-ZIP	ORANGE PARK FL		2.4 CITY-		1				
TITLE	T	DELETE	3.1 TITLE	01-54F				hange	Addition
NAME	ODOM, CAROL		3.2 NAME						
STREET ADDRESS	448 WYNFIELD CIR		3.9 STREE	ADDRESS					
CITY-ST-ZIP	ORANGE PARK FL		3.4. CITY-	ST-ZIP	ŀ				
TITLE	S	⊠ DELETE	4.1 TITLE		5			hange	Addition
NAME	DELANEY, SCOTT		4. 2 NAME		HOI	DES KAY			
STREET ADDRESS	424 WYNFIELD CIRCLE		4.3 STREE	T ADDRESS	1 - 1	WYN PIELD CIR			
CITY - ST - ZIP	ORANGE PARK FL		4.4 CITY-	ST-ZIP	ORA	ange Park fl 32			
TITLE	D	☐ DELETE	5.1 TITLE					hange	☐ Addition
NAME	SPIGNER, ROSETTA		5.2 NAME						
STREET ADDRESS	461 WYNFIELD CIRCLE			T ADDRESS					
CITY-ST-ZIP	ORANGE PARK FL	D DD FFF	54 CITY-1	ST-ZIP	 		 ,	hones	g at all time.
TITLE	D DEADD DAVID	☐ DELETE	6.1 TITLE				□ (hange	Addition
NAME	BEARD, DAVID		6.2 NAME						
STREET ADDRESS	464 WYNFIELD CIRCLE		6.3 STREE	T ADDRESS					

14. If do 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 annual report or suppliemental 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:

FILED

May 16 1997 8:00am

Secretary of State