

5-14-98 B 3269 C  
FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 16 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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**

4. FEI Number

**59-3106368**

Applied For

Not Applicable

2. Principal Place of Business

**21**

Suite, Apt. #, etc.

**22**

City & State

**23**

Zip

Country

**24**

**25**

2a. Mailing Address

**26**

Suite, Apt. #, etc.

**27**

City & State

**28**

Zip

Country

**29**

**30**

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. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>V</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HODGES, LARRY</b>	
STREET ADDRESS	<b>449 WYNFIELD CIR</b>	
CITY-ST-ZIP	<b>ORANGE PARK FL</b>	

TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>FERGUSON, MALCOLM M. J</b>	
STREET ADDRESS	<b>468 WYNFIELD CIRCLE</b>	
CITY-ST-ZIP	<b>ORANGE PARK FL</b>	

TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>ODOM, CAROL</b>	
STREET ADDRESS	<b>448 WYNFIELD CIR</b>	
CITY-ST-ZIP	<b>ORANGE PARK FL</b>	

TITLE	<b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HODGES, KAY</b>	
STREET ADDRESS	<b>449 WYNFIELD CIR</b>	
CITY-ST-ZIP	<b>ORANGE PARK FL</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SPIGNER, ROSETTA</b>	
STREET ADDRESS	<b>461 WYNFIELD CIRCLE</b>	
CITY-ST-ZIP	<b>ORANGE PARK FL</b>	

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BEARD, DAVID</b>	
STREET ADDRESS	<b>484 WYNFIELD CIRCLE</b>	
CITY-ST-ZIP	<b>ORANGE PARK FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>JACQUE MACDONALD</b>	
1.3 STREET ADDRESS	<b>476 Wynfield Circle</b>	
1.4 CITY-ST-ZIP	<b>Orange Park, FL 32073</b>	

2.1 TITLE	<b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>WENDY WHITEHEAD</b>	
2.3 STREET ADDRESS	<b>477 Wynfield Circle</b>	
2.4 CITY-ST-ZIP	<b>Orange Park FL 32073</b>	

3.1 TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>M'Lou CREWS</b>	
3.3 STREET ADDRESS	<b>492 Wynfield Circle</b>	
3.4 CITY-ST-ZIP	<b>Orange Park, FL 32073</b>	

4.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>LARRY HODGES</b>	
4.3 STREET ADDRESS	<b>449 Wynfield Circle</b>	
4.4 CITY-ST-ZIP	<b>Orange Park, FL 32073</b>	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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* *Larry Hodges* *Wendy Whitehead* *M'Lou Crews* *David Beard*

CP2E037 (10/97)