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Secretary of State

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N47116

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		02/03/1992	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3106368	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29		30	
Country		Country			
25		30			

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

Carol Odom

Carol Odom - Treasurer

3/14/99

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	D <input type="checkbox"/> DELETE	1.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HODGES, LARRY	1.2 NAME	FC JOHNSON
STREET ADDRESS	449 WYNFIELD CIR	1.3 STREET ADDRESS	416 Wynfield Circle
CITY-ST-ZIP	ORANGE PARK FL 32073	1.4 CITY-ST-ZIP	Orange Park FL 32073
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACDONALD, JACQUIE	2.2 NAME	
STREET ADDRESS	476 WYNFIELD CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL 32073	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ODOM, CAROL	3.2 NAME	
STREET ADDRESS	448 WYNFIELD CIR	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL	3.4 CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITEHEAD, WENDY	4.2 NAME	
STREET ADDRESS	477 WYNFIELD CIRCLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL 32073	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPIGNER, ROSETTA	5.2 NAME	
STREET ADDRESS	461 WYNFIELD CIRCLE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL	5.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CREWS, M'LOU	6.2 NAME	
STREET ADDRESS	492 WYNFIELD CIRCLE	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL 32073	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, with all other like empowered.

SIGNATURE:

Carol Odom

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/14/99

(904) 464-4499

CR2E037 (11/98)