

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N47116**

1. Entity Name

WYNFIELD HOMEOWNERS ASSOCIATION, INC.**FILED**
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90134 046 ****61.25

Principal Place of Business

**320 EAST ADAMS STREET
JACKSONVILLE FL 32202**

Mailing Address

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

00019755



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3106368**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Carol Odom **CAROL ODOM, TREASURER****1/30/2000**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	D	HODGES, LARRY	449 WYNFIELD CIR ORANGE PARK FL 32073				
	V	MACDONALD, JACQUE	476 WYNFIELD CIRCLE ORANGE PARK FL 32073				
	T	ODOM, CAROL	448 WYNFIELD CIR ORANGE PARK FL				
	P	JOHNSON, F.C.	416 WYNFIELD CIRCLE ORANGE PARK FL 32073				
	D	SPIGNER, ROSETTA	461 WYNFIELD CIRCLE ORANGE PARK FL				
	S	CREWS, M'LOU	492 WYNFIELD CIRCLE ORANGE PARK FL 32073				

12. 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 report or supplemental 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 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Carol Odom **CAROL ODOM, Treasurer** **1/31/2000** **904-464-449**