2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# N47116

Entity Name: WYNFIELD HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

320 EAST ADAMS STREET
JACKSONVILLE, FL 32202

New Principal Place of Business:

Current Mailing Address:

PO BOX 8369
ORANGE PARK, FL 32006 US

New Mailing Address:

FEI Number: 59-3106368 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MC GUFFEY, BRUCE
421 WYNFIELD CIR
ORANGE PARK, FL 32003 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: LAHEY, DAVID
Address: 424 WYNFIELD CIRCLE
City-St-Zip: ORANGE PARK, FL 32003

Title: D ( ) Delete
Name: FREEBURGER, THOMAS
Address: 417 WYNFIELD CIRCLE
City-St-Zip: ORANGE PARK, FL 32003

Title: T ( ) Delete
Name: CASE, LAWRENCE
Address: 468 WYNFIELD CIRCLE
City-St-Zip: ORANGE PARK, FL 32003

Title: V ( ) Delete
Name: SKARBREVIK, PHYLLIS
Address: 436 WYNFIELD CIRCLE
City-St-Zip: ORANGE PARK, FL 32003

Title: S ( ) Delete
Name: JONES, HOPE
Address: 503 WYNFIELD CIRCLE
City-St-Zip: ORANGE PARK, FL 32003

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: FREEMAN, BRIAN
Address: 473 WYNFIELD CIRCLE
City-St-Zip: ORANGE PARK, FL 32003

Title: D (X) Change ( ) Addition
Name: MCNEAL, DELORES
Address: 476 WYNFIELD CIRCLE
City-St-Zip: ORANGE PARK, FL 32003

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change ( ) Addition
Name: SKARBREVIK, CHARLES
Address: 436 WYNFIELD CIRCLE
City-St-Zip: ORANGE PARK, FL 32003

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAWRENCE CASE T 04/22/2009

Electronic Signature of Signing Officer or Director — Date