

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N47116

**FILED**  
**Apr 19, 2011**  
**Secretary of State**

**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:**

ADAMS, WARREN  
432 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: S  
Name: FREEMAN, BRIAN  
Address: 473 WYNFIELD CIRCLE  
City-St-Zip: ORANGE PARK, FL 32003

Title: D  
Name: WEIMER, ROBERT  
Address: 420 WYNFIELD CIRCLE  
City-St-Zip: ORANGE PARK, FL 32003

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

Title: V  
Name: PRINGLE, ALEX  
Address: 497 WYNFIELD CIRCLE  
City-St-Zip: ORANGE PARK, FL 32003

Title: P  
Name: ADAMS, WARREN  
Address: 432 WYNFIELD CIRCLE  
City-St-Zip: ORANGE PARK, FL 32003

I hereby 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 all other like empowered.

SIGNATURE: LAWRENCE R. CASE

T

04/19/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date