

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90083 031 ****61.25

DOCUMENT # N95000004555					
1. Entity Name WENTWORTH PLACE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 920 THIRD STREET SUITE B NEPTUNE BEACH, FL 32266 US			Mailing Address 920 THIRD STREET SUITE B NEPTUNE BEACH, FL 32266 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		03182005 Chg-NP CR2E037 (10/03)	
4. FEI Number 59-3342098				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WALLACE, L DENISE 920 THIRD STREET SUITE B NEPTUNE BEACH, FL 32266			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State		10. OFFICERS AND DIRECTORS			
TITLE PD	NAME HICKS, JOE	<input checked="" type="checkbox"/> Delete	TITLE PD	NAME Jamia Madden	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 3475 WENTWORTH CIRCLE W	CITY-ST-ZIP JACKSONVILLE, FL 32277		STREET ADDRESS 5940 Wentworth Circle S.	CITY-ST-ZIP Jacksonville, FL 32277	
TITLE VPD	NAME SHAW, SAMUEL JR	<input checked="" type="checkbox"/> Delete	TITLE 1VD	NAME Aletha Ruffin	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 3516 WENTWORTH CIR W	CITY-ST-ZIP JACKSONVILLE, FL 32277		STREET ADDRESS 3439 Wentworth Circle W.	CITY-ST-ZIP Jacksonville, FL 32277	
TITLE TSD	NAME WILCOX, MARK	<input checked="" type="checkbox"/> Delete	TITLE 2VD	NAME Darryl Fleming	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 5956 WENTWORTH DR	CITY-ST-ZIP JACKSONVILLE, FL 32277		STREET ADDRESS 3532 Wentworth Circle W.	CITY-ST-ZIP Jacksonville, FL 32277	
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE SD	NAME James D. Ruffin	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 3439 Wentworth Circle W.	CITY-ST-ZIP Jacksonville, FL 32277	
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
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 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Jamia Madden</i> Jamia Madden 3/31/05 (904) 294-4918					