


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2008 8:00 am
Secretary of State

05-09-2008 90007 027 ****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 - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-3342098 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent WALLACE, L DENISE 920 THIRD STREET SUITE B NEPTUNE BEACH, FL 32266 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | | |
| WALLACE, L DENISE 920 THIRD STREET SUITE B NEPTUNE BEACH, FL 32266 | | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | |
| TITLE PD | NAME MADDEN, JAMIA | <input checked="" type="checkbox"/> Delete | | | |
| STREET ADDRESS 5940 WENTWORTH CIR S | JACKSONVILLE, FL 32277 | | | | |
| CITY - ST - ZIP | JACKSONVILLE, FL 32277 | | | | |
| TITLE 1VD | NAME RUFFIN, ALETHA | <input type="checkbox"/> Delete | | | |
| STREET ADDRESS 3439 WENTWORTH CIR W | JACKSONVILLE, FL 32277 | | | | |
| CITY - ST - ZIP | JACKSONVILLE, FL 32277 | | | | |
| TITLE 2VD | NAME FLEMING, DARRYL | <input type="checkbox"/> Delete | | | |
| STREET ADDRESS 3532 WENTWORTH CIR W | JACKSONVILLE, FL 32277 | | | | |
| CITY - ST - ZIP | JACKSONVILLE, FL 32277 | | | | |
| TITLE STD | NAME RUFFIN, JAMES D | <input type="checkbox"/> Delete | | | |
| STREET ADDRESS 3439 WENTWORTH CIR W | JACKSONVILLE, FL 32277 | | | | |
| CITY - ST - ZIP | JACKSONVILLE, FL 32277 | | | | |
| TITLE | NAME | <input type="checkbox"/> Delete | | | |
| STREET ADDRESS | | | | | |
| CITY - ST - ZIP | | | | | |
| TITLE | NAME | <input type="checkbox"/> Delete | | | |
| STREET ADDRESS | | | | | |
| CITY - ST - ZIP | | | | | |
| TITLE | NAME | <input type="checkbox"/> Delete | | | |
| STREET ADDRESS | | | | | |
| CITY - ST - ZIP | | | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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>Darryl Fleming, President</i> | | | | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |
| <small>Date</small> 17 APRIL 2008 <small>Daytime Phone #</small> 9047620071 | | | | | |

40100068



04142008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3342098

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WALLACE, L DENISE
920 THIRD STREET
SUITE B
NEPTUNE BEACH, FL 32266

7. Name and Address of New Registered Agent

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

| | | |
|------------------------|------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> Delete |
| NAME | MADDEN, JAMIA | |
| STREET ADDRESS | 5940 WENTWORTH CIR S | |
| CITY - ST - ZIP | JACKSONVILLE, FL 32277 | |
| TITLE | 1VD | <input type="checkbox"/> Delete |
| NAME | RUFFIN, ALETHA | |
| STREET ADDRESS | 3439 WENTWORTH CIR W | |
| CITY - ST - ZIP | JACKSONVILLE, FL 32277 | |
| TITLE | 2VD | <input type="checkbox"/> Delete |
| NAME | FLEMING, DARRYL | |
| STREET ADDRESS | 3532 WENTWORTH CIR W | |
| CITY - ST - ZIP | JACKSONVILLE, FL 32277 | |
| TITLE | STD | <input type="checkbox"/> Delete |
| NAME | RUFFIN, JAMES D | |
| STREET ADDRESS | 3439 WENTWORTH CIR W | |
| CITY - ST - ZIP | JACKSONVILLE, FL 32277 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|------------------------|----|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Darryl Fleming, President* **17 APRIL 2008** *9047620071*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #