

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47116

Entity Name: WYNFIELD HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**320 EAST ADAMS STREET
JACKSONVILLE, FL 32202**Current Mailing Address:**PO BOX 8369
FLEMING ISLAND, FL 32006 US**FEI Number:** 59-3106368**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CLARK, DANIEL SR.
456 WYNFIELD CIR
FLEMING ISLAND, FL 32003 US*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**Officer/Director Detail :**

Title	VP
Name	SHAPIRO, CHERYL
Address	445 WYNFIELD CIRCLE
City-State-Zip:	FLEMING ISLAND FL 32003

Title	P
Name	PRINGLE, ALEX
Address	497 WYNFIELD CIRCLE
City-State-Zip:	FLEMING ISLAND FL 32003

Title	T
Name	DEVRIES, MARILYN
Address	488 WYNFIELD CIRCLE
City-State-Zip:	FLEMING ISLAND FL 32003

Title	DIRECTOR
Name	ODOM, ROBERT
Address	448 WYNFIELD CIRCLE
City-State-Zip:	FLEMING ISLAND FL 32003

Title	SECRETARY
Name	JENNINGS, JULIE
Address	492 WYNFIELD CIRCLE
City-State-Zip:	FLEMING ISLAND 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: ALEX PRINGLE**PRESIDENT****04/03/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date