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95 MAY -1 AM 7:49

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995
 FLORIDA DEPARTMENT OF STATE
 Sandra B. Northam
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N34887 (2)
 1. Corporation Name
WYNDTREE MASTER COMMUNITY ASSOCIATION, INC.

Principal Place of Business Mailing Address
 C/O SCHICKEDANZ BROS.
 2692 CORAL LANDINGS BLVD.
 PALM HARBOR FL 34684
 C/O SCHICKEDANZ BROS.
 2692 CORAL LANDINGS BLVD.
 PALM HARBOR FL 34684

2. Principal Place of Business 2a. Mailing Address
 21 4800 Mile Stretch Dr. 26 P O Box 3370
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 P O Box 3370 27
 City & State City & State
 23 Holiday, FL 34690 28 Holiday, FL 34690
 Zip Country Zip Country
 24 25 29 30

DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified 10/24/1989 3a. Date of Last Report 01/31/1994
 4. FEI Number 59-2975444 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
 FLAIG, GUNTHER
 2692 CORAL LANDINGS BLVD
 PALM HARBOR FL 34684

10. Name and Address of New Registered Agent
 81 Name Frederick Reimer
 82 Street Address (P.O. Box Number is Not Acceptable) 4800 Mile Stretch Drive
 83
 84 City Holiday, FL 34690 FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.
 SIGNATURE *Frederick Reimer* Frederick Reimer, Agent DATE 3/22/95
(NOTE: Registered Agent signature required when transferring)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FLAIG, GUNTHER
STREET ADDRESS	2692 CORAL LANDINGS BLVD
CITY - ST - ZIP	PALM HARBOR FL
TITLE	VD
NAME	FLEMIN, JOHN
STREET ADDRESS	1002 N. FEDERAL HWY #1
CITY - ST - ZIP	LAKE WORTH FL
TITLE	STD
NAME	SHADDOCK, MARY
STREET ADDRESS	2692 CORAL LANDINGS BLVD
CITY - ST - ZIP	PALM HARBOR FL
TITLE	VD
NAME	MOSS, MARGA C
STREET ADDRESS	2692 CORAL LANDINGS BLVD
CITY - ST - ZIP	PALM HARBOR FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Ray Flanders	
13 STREET ADDRESS	1065 Farmingdale Lane	
14 CITY - ST - ZIP	New Port Richey, FL 34655	
21 TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Jim Golberg	
23 STREET ADDRESS	1251 Trafalgar Drive	
24 CITY - ST - ZIP	New Port Richey, FL 34655	
31 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Anne Poole	
33 STREET ADDRESS	7837 Grimsby Lane	
34 CITY - ST - ZIP	New Port Richey, FL 34655	
41 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Dart Purdy	
43 STREET ADDRESS	7711 North Haven Place	
44 CITY - ST - ZIP	New Port Richey, FL 34655	
51 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	Don Marcopulos	
53 STREET ADDRESS	1416 Stroud Court	
54 CITY - ST - ZIP	New Port Richey, FL 34655	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Raymond Flanders* RAYMOND FLANDERS 3/23/95 (813) 376-0586
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #