

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

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



Principal Place of Business: **4800 MILE STRETCH DR P.O. BOX 3370 HOLIDAY FL 34690**
Mailing Address: **4800 MILE STRETCH DR P.O. BOX 3370 HOLIDAY FL 34690**

3. Date Incorporated or Qualified: **10/24/1989**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-sections for Suite, City & State, Zip, and Country.

4. FEI Number: **59-2975444**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **REIMER, FREDERICK 4800 MILE STRETCH DR HOLIDAY FL 34690**
10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and Zip Code (FL).

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|--|
| TITLE: PD | NAME: FLAIG, GUNTHER STREET ADDRESS: 2692 CORAL LANDINGS BLVD CITY - ST - ZIP: PALM HARBOR FL | 1.1 TITLE: Director | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: VD | NAME: JIM GOLBERG STREET ADDRESS: 1251 TRAFALGAR DR CITY - ST - ZIP: NEW PORT RICHEY FL 34655 | 2.1 TITLE: President | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: SD | NAME: POOLE, ANNE STREET ADDRESS: 7837 GRIMSBY LANE CITY - ST - ZIP: NEW PORT RICHEY FL 34655 | 3.1 TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: TD | NAME: PURDY, DART C STREET ADDRESS: 7711 NORTH HAVEN PLACE CITY - ST - ZIP: NEW PORT RICHEY FL 34655 | 4.1 TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: D | NAME: DON MARCOPULOS STREET ADDRESS: 1416 STROUD CT CITY - ST - ZIP: NEW PORT RICHEY FL 34655 | 5.1 TITLE: Director | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: PD | NAME: RAY FLANDERS STREET ADDRESS: 1085 FARMINGDALE LANE CITY - ST - ZIP: NEW PORT RICHEY FL 34655 | 6.1 TITLE: Director | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |

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 119.07(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: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: **1/10/96** Daytime Phone: _____

CR2E037 (12/95)