


FILE NOW: FILING FEE IS \$61.25

FILED
May 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 34690-0370
---	--

3. Date Incorporated or Qualified 10/24/1989	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2975444	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 Zip Country	29 Zip Country

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 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FLAIG, GUNTHER	
STREET ADDRESS	2892 CORAL LANDINGS BLVD	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	JIM GOLBERG	
STREET ADDRESS	1251 TRAFALGAR DR	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	POOLE, ANNE	
STREET ADDRESS	7837 GRIMSBY LANE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	PURDY, DART C	
STREET ADDRESS	7711 NORTH HAVEN PLACE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GORDON, SOLIE	
STREET ADDRESS	1428 STROUD CRT	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GREEN, LYNN	
STREET ADDRESS	7254 FORESTEDGE CRT	
CITY-ST-ZIP	NEW PORT RICHEY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Wynne Black	
1.3 STREET ADDRESS	7924 Lake Placid Lane	
1.4 CITY-ST-ZIP	New Port Richey FL 34655	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Dominic Crescenti	
3.3 STREET ADDRESS	7626 Albacore Drive	
3.4 CITY-ST-ZIP	New Port Richey FL 34655	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Dick Brinkman	
4.3 STREET ADDRESS	326 Evesborough Lane	
4.4 CITY-ST-ZIP	New Port Richey FL 34655	
5.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 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 REQUIRED** *Lynn Green* _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0069104

CR2E037 (9/96)