

FILE NOW: FILING FEE IS \$61.25

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May 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified
10/24/1989

4. FEI Number
59-2975444

Applied For	
Not Applicable	<input checked="" type="checkbox"/>

21. Principal Place of Business RESOURCE PROPERTY MGMT	2a. Mailing Address 905 E. M.L. KING JR. DR #227
22. 905 E. M.L. KING JR. DR #227	27. TARLTON SPRINGS, FL
23. TARLTON SPRINGS FL	28. 34689
24. 34689	25. USA
	29. 34689
	30. USA

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 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. Name
CAROLE DUCKWORTH RESOURCE MGMT

82. Street Address (P.O. Box Number is Not Acceptable)
905 E. M.L. KING JR. DR. #227

83. City
TARLTON SPRINGS

84. State
FL

85. Zip Code
34689

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: *Carole Duckworth* (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE SD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BLACK, WYNNE		1.2 NAME POOLE, ANN	
STREET ADDRESS 7824 LAKE PLACID LANE		1.3 STREET ADDRESS 7837 GRIMSBY LANE	
CITY-ST-ZIP NEW PORT RICHEY FL		1.4 CITY-ST-ZIP NEW PORT RICHEY FL	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JIM GOLBERG		2.2 NAME	
STREET ADDRESS 1251 TRAFALGAR DR		2.3 STREET ADDRESS	
CITY-ST-ZIP NEW PORT RICHEY FL		2.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME CRESCENTI, DOMNICK		3.2 NAME SPANGLER, JOYCE	
STREET ADDRESS 7826 ALBACORE DRIVE		3.3 STREET ADDRESS 7036 TRAFALGAR DR.	
CITY-ST-ZIP NEW PORT RICHEY FL		3.4 CITY-ST-ZIP NEWPORT RICHEY FL	
TITLE TD	<input type="checkbox"/> DELETE	4.1 TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BRINKMAN, DICK		4.2 NAME	
STREET ADDRESS 7326 EVESBOROUGH LANE		4.3 STREET ADDRESS	
CITY-ST-ZIP NEW PORT RICHEY FL		4.4 CITY-ST-ZIP	
TITLE VP	<input checked="" type="checkbox"/> DELETE	5.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME GORDON, SOLIE		5.2 NAME CLAYTON ROBERT	
STREET ADDRESS 1428 STROUD CRT		5.3 STREET ADDRESS 1441 STROUD CT.	
CITY-ST-ZIP NEW PORT RICHEY FL		5.4 CITY-ST-ZIP NEW PORT RICHEY FL 34655	
TITLE P	<input type="checkbox"/> DELETE	6.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GREEN, LYNN		6.2 NAME	
STREET ADDRESS 7254 FORESTEDGE CRT		6.3 STREET ADDRESS	
CITY-ST-ZIP NEW PORT RICHEY FL		6.4 CITY-ST-ZIP	

14. I 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: *Richard W. [Signature]*

4-28-98

CR2E037 (10/97)