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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #1. Corporation Name

WYNDTREE MASTER COMMUNITY ASSOCIATION, INC.

FILED

May 13 1998 8:00am

Secretary of State

Principal Place	e of Business	Mailing Address		. 1009(1)01 100 (1)(1) 01801	19191 12111 1281 B1811 B1811 B1811 B1811	RIBII BIUR DIRA ISBI
4800 MILE STRETCH DR P.O.BOX 3370 HOLIDAY FL 34690		4800 MILE STRETCH DR		3. Date Incorporated or Q	hualified	
		P.O.BOX 3370		10/24/1989	ruanneu	
		HOLIDAY FL 34690		4. FEI Number		Applied For
				59-2975444	ľ	Not Applicable
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	OURCE TROPERTY MAN	1 28 905 E.M.L.h	<u>(ING TR.DRM</u>	227 S. Certificate of Status De	91100 FT .	ee Required
Suite, Apt.		Suite, Apt. #, etc.	40	6. Election Campaign Fina		.00 May Be
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TARA	/	City & State 28 346 89	•	7. Is this nonprofit corpora		ciation?
Zip	Country	Zip _	Country	0.7-	Yes No	
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			81 Name			- M.
REMER	. FREDERICK		_CLAR	OLE DUCKWOR	TH KESOORC	<u> </u>
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1102011	116 01000		ļ <u>.</u>			
			94 FA 0	DALL SOMINES	FL 85	Zip Code
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1. Pursuant t	to the provisions of Sections 617 050:	2 and 617 1508. Florida Statuti	es the shove-named	corporation authorite this statement		ing les conjuters
Pursuant t office or re	to the provisions of Sections 617.050; agistered agent, or both, in the State	2 and 617.1508, Florida Statuti of Florida, Such change was a	es, the above-hamed outhorized by the corp	corporation submits this statement oration's board of directors. I here		ing its registere int as registered
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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 en an attachment with an address.