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Mar 01, 1999 8:00 am  
Secretary of State

03-01-1999 90075 032 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N34887**

1. Corporation Name  
**WYNDTREE MASTER COMMUNITY ASSOCIATION, INC.**

Principal Place of Business C/O RESOURCE PROPERTY MGMT 905 E M L KING JR DR 227 TARPON SPGS FL 34689 US	Mailing Address 905 E M L KING JR DR 227 TARPON SPGS FL 34689 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/24/1989
Suite, Apt. #, etc. 22 <u>265</u>	Suite, Apt. #, etc. 27 <u>265</u>	4. FEI Number 59-2975444
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent CAROLE DUCKWORTH RESOURCE MGMT 905 E M L KING JR DR 227 TARPON SPGS FL 34689	10. Name and Address of New Registered Agent 81 Name <u>Resource Mgmt Inc.</u> 82 Street Address (P.O. Box Number is Not Acceptable) <u>905 E.M.L. King Jr. Drive</u> 83 <u>265</u> 84 City <u>Tarpon Springs</u> FL 85 Zip Code <u>34689</u>
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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 Exec. Vice Pres. DATE 2/1/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POOLE, ANN	1.2 NAME	
STREET ADDRESS	7837 GRIMSBY LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPANGLER, JOYCE	3.2 NAME	
STREET ADDRESS	1036 TRAFALGAR DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL	3.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	<input 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	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLAYTON, ROBERT	5.2 NAME	
STREET ADDRESS	1441 STROUD CT	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input 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, with all other like empowered.

SIGNATURE: Katherine Harris DATE: 1/26/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)