

2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
May 15, 2000 8:00 am
Secretary of State

03-07-2000 90116 001 ***183.75

DOCUMENT # N34887

1. Entity Name

WYNDTREE MASTER COMMUNITY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O RESOURCE PROPERTY MGMT
 905 E M L KING JR DR 227
 TARPON SPGS FL 34689
 US

905 E M L KING JR DR
 227
 TARPON SPGS FL 34689
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2975444

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RESOURCE MGMT INC
 905 E M L KING JR DR
 265
 TARPON SPGS FL 34689

Name

Street Address (P.O. Box Number is Not Acceptable)

103 Cleveland Ave SW

City

LARGO FL

State

FL

Zip Code

33770

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Debra L. Lusk

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	POOLE, ANN	
STREET ADDRESS	7837 GRIMSBY LANE	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	JIM GOLBERG	
STREET ADDRESS	1251 TRAFALGAR DR	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	BRINKMAN, DICK	
STREET ADDRESS	7326 EVESBOROUGH LANE	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLAYTON, ROBERT	
STREET ADDRESS	1441 STROUD CT	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GREEN, LYNN	
STREET ADDRESS	7254 FORESTEDGE CRT	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SD PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DART PURDY	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AMY CARLSON	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOB CARLSON	
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (9/99)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Debra L. Lusk

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #