


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90299 001 ***306.25

DOCUMENT # N34887
 1. Entity Name
WYNDTREE MASTER COMMUNITY ASSOCIATION, INC.



Principal Place of Business
7300 PARK STREET
SEMINOLE, FL 33777 US

Mailing Address
7300 PARK STREET
SEMINOLE, FL 33777 US

66406036



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01272004 Chg-NP CR2E037 (10/03)

City & State
 Zip Country

4. FEI Number
59-2975444

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
RESOURCE PROPERTY MANAGEMENT
7300 PARK STREET
SEMINOLE, FL 33777

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	DART, PURDY	
STREET ADDRESS	7711 NORTHHAVEN PL	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GREEN, LYNN	
STREET ADDRESS	7254 FORESTEDGE CT	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	
TITLE	STD	<input type="checkbox"/> Delete
NAME	WOOD, ED	
STREET ADDRESS	1043 DALESIDE LANE	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOONEY, JOE	
STREET ADDRESS	1054 MIDDLESEX DR	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRITTON, LARRY	
STREET ADDRESS	1024 MAZARION PL	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLAYTON, ROBERT	
STREET ADDRESS	1441 STROUD CT	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input 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	<input 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Dart Purdy **DART PURDY** 2/19/04 (22) 306-5819
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #