


DART

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90800 001 ***245.00

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				
2. Principal Place of Business		3. Mailing Address		04152005 Chg-NP CR2E037 (10/03)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
City & State		City & State		4. FEI Number 59-2975444 Applied For Not Applicable			
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
RESOURCE PROPERTY MANAGEMENT 7300 PARK STREET SEMINOLE, FL 33777			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			DATE _____				
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
				Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DART, PURDY			NAME			
STREET ADDRESS	7711 NORTHHAVEN PL			STREET ADDRESS			
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GREEN, LYNN			NAME			
STREET ADDRESS	7254 FORESTEDGE CT			STREET ADDRESS			
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655			CITY-ST-ZIP			
TITLE	STD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WOOD, ED			NAME			
STREET ADDRESS	1043 DALESIDE LANE			STREET ADDRESS			
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MOONEY, JOE			NAME	GORDON, JERRY		
STREET ADDRESS	1054 MIDDLESEX DR			STREET ADDRESS			
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BRITTON, LARRY			NAME	HAVNES, ROB		
STREET ADDRESS	1024 MAZARION PL			STREET ADDRESS			
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CLAYTON, ROBERT			NAME			
STREET ADDRESS	1441 STROUD CT			STREET ADDRESS			
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655			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: <u><i>Paul Purdy</i></u> DART PURDY			4-21-05		(727) 581-2662		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>		

00013000

