

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34887

FILED
Apr 17, 2007
Secretary of State

Entity Name: WYNDTREE MASTER COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

7300 PARK STREET
SEMINOLE, FL 33777 US

New Principal Place of Business:

Current Mailing Address:

7300 PARK STREET
SEMINOLE, FL 33777 US

New Mailing Address:

FEI Number: 59-2975444 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RESOURCE PROPERTY MANAGEMENT
7300 PARK STREET
SEMINOLE, FL 33777 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD (X) Delete
Name: DART, PURDY
Address: 7711 NORTHHAVEN PL
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: D () Delete
Name: GREEN, LYNN
Address: 7254 FORESTEDGE CT
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: STD () Delete
Name: WOOD, ED
Address: 1043 DALESIDE LANE
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: DVP () Delete
Name: GORDON, JERRY
Address: 1054 MIDDLESEX DR
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: D () Delete
Name: HARNES, ROB
Address: 1024 MAZARION PL
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: D () Delete
Name: CLAYTON, ROBERT
Address: 1441 STROUD CT
City-St-Zip: NEW PORT RICHEY, FL 34655

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: GORDON, JERRY
Address: 1054 MIDDLESEX DR
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: VP (X) Change () Addition
Name: HAYNES, ROB
Address: 1024 MAZARION PL
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JERRY GORDON

P

04/17/2007

Electronic Signature of Signing Officer or Director

_____ Date