

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 FEB 24 AM 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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02/24/03--01060--001 **183.75

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N 34887

1. Corporation Name
WYNDTREE MASTER COMMUNITY ASSN. INC.

2. Principal Office Address
7300 PARK ST
Suite, Apt. #, etc.

3. Mailing Office Address
7300 PARK ST
Suite, Apt. #, etc.

City & State
SEMINOLE, FL

City & State
SEMINOLE, FL

Zip Country
33777 PINELLAS

Zip Country
33777 PINELLAS

4. Date Incorporated or Qualified
To Do Business in Florida 10-24-89

5. FEI Number
59-2975444
Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
RESOURCE PROPERTY MANAGEMENT

Street Address (P.O. Box Number is Not Acceptable)
7300 PARK STREET

Suite, Apt. #, Etc.

City State Zip Code
SEMINOLE FL 33777

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent [Signature] Date 2-6-03
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	DART PURDY	7711 NORTHAVEN PL	NEW PORT RICHEY FL 34655
V/D	LYNN GREEN	7254 FORESTEDGE CT	NEW PORT RICHEY FL 34655
S/T/D	ED WOOD	1043 DALESIDE LN.	NEW PORT RICHEY FL 34655
D	JOE MOONEY	1054 MIDDLESEX DR.	NEW PORT RICHEY FL 34655
D	LARRY BRITTON	1024 MAZARION PL	NEW PORT RICHEY FL 34655
D	ROBERT CLAYTON	1441 STROUD CT	NEW PORT RICHEY FL 34655

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E081 (10/02)

js 2/26



February 6, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Wyndtree Master Community Association Inc.

Attn. Reinstatement Dept:

Enclosed is the Corporation Reinstatement form for Wyndtree Master community Association Inc. Document # N34887, FEI # 29-2975444, canceled 9-21-01.

Due to the fact that we manage several Wyndtree Community Associations, it was not noticed that the Master Association was being missed. The others have many of the same officers and directors. ***We have not received a Uniform Business Report form the past three years.*** We also have not received one for this year's report.

Any consideration on our behalf in resolving this issue will be greatly appreciated.

Sincerely,

Jerry Massie, LCAM, CMCA
Property Manager
FOR THE BOARD OF DIRECTORS