

FILE NOW: FILING FEE IS \$61.25

FILED

May 21 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N36646 (0)  
1. Corporation Name  
WYNDTREE PHASE 2 ASSN., INC.



Principal Place of Business Mailing Address  
C/O MAJESTIC PROP MGMT.  
4800 MILE STRETCH DR.  
HOLIDAY FL 34690 POST OFFICE BOX 3370  
HOLIDAY FL 34690-0370

3. Date Incorporated or Qualified 02/12/1990  
3a. Date of Last Report 05/01/1996

2. Principal Place of Business 2a. Mailing Address

4. FEI Number 59-3060103  
Applied For Not Applicable

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

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

22 City & State 27 City & State

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

23 Zip Country 28 Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REIMER, FREDERICK  
4800 MILE STRETCH DR.  
HOLIDAY FL 34690

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD HUDGINS, JOYCE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7420 RAWSON COURT	1.2 NAME	
STREET ADDRESS	NEW PORT RICHEY FL 34655	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD RUSSIAN, PAULA	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7420 EAVESBROUGH LANE	2.2 NAME	
STREET ADDRESS	NEW PORT RICHEY FL 34655	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	TD SPENCER, LEISHA	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7421 EAVESBROUGH LANE	3.2 NAME	
STREET ADDRESS	NEW PORT RICHEY FL 34655	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	SD PEMBERTON, MICHAEL	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1022 FINCASTLE COURT	4.2 NAME	
STREET ADDRESS	NEW PORT RICHEY FL 34655	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/97  
Date

Daytime Phone # 0069101

CR2E037 (9/96)