

2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 03, 2001 8:00 am Secretary of State

04-04-2001 90042 001 ***183.75

DOCUMENT # N36646

1. Entity Name

WYNDTREE PHASE 2 ASSN., INC.

Principal Place of Business

Mailing Address

C/O RESOURCE PROP MGMT
103 CLEVELAND AVENUE SW
LARGO FL 33770
US

C/O RESOURCE PROP MGMT
103 CLEVELAND AVENUE SW
LARGO FL 33770
US

00001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3060103

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

THOMAS, DOROTHY
103 CLEVELAND AVENUE SW
LARGO FL 33770

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TAYLOR, AARON	
STREET ADDRESS	7508 CHELTNAM COURT	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BRINKMAN, RICHARD	
STREET ADDRESS	EVESBOROUGH AVENUE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	PEMBERTON, MICHAEL	
STREET ADDRESS	1022 FINCASTLE COURT	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
TITLE	P D	<input type="checkbox"/> Delete
NAME	MOONEY, JOSEPH X P	
STREET ADDRESS	1054 MIDDLESEX DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	FORMOSE, JOSEPH	
STREET ADDRESS	7451 EVESBOROUGH H LANE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LEKICH, DIANE	
STREET ADDRESS	7445 EVESBOROVAN LANE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	

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:

JOSEPH X P MOONEY 3-15-01 727-3768267

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)