

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

0043964

**DOCUMENT # N36646**

1. Entity Name

**WYNDTREE PHASE 2 ASSN., INC.**

04-02-2002 90882 012 \*\*\*\*61.25

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**

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**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THOMAS, DOROTHY  
 103 CLEVELAND AVENUE SW  
 LARGO FL 33770**

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.

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  Delete  
 NAME **TD**  
 STREET ADDRESS **BRINKMAN, RICHARD**  
 CITY-ST-ZIP **EVESBOROUGH AVENUE  
 NEW PORT RICHEY FL 34655**

TITLE  Change  Addition  
 NAME **VD**  
 STREET ADDRESS **SNARE, KELLY**  
 CITY-ST-ZIP **1038 MIDDLESEX DRIVE  
 TRINITY FL 34655**

TITLE  Delete  
 NAME **PD**  
 STREET ADDRESS **MOONEY, JOSEPH P**  
 CITY-ST-ZIP **1054 MIDDLESEX DRIVE  
 NEW PORT RICHEY FL 34655**

TITLE  Change  Addition  
 NAME **SD**  
 STREET ADDRESS **GUY SOMERS,**  
 CITY-ST-ZIP **7406 RAWSON CT  
 TRINITY FL 34655**

TITLE  Delete  
 NAME **SD**  
 STREET ADDRESS **LEKICH, DIANE**  
 CITY-ST-ZIP **7445 EVESBOROVAN LANE  
 NEW PORT RICHEY FL 34655**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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 P Mooney P.* **JOSEPH P MOONEY P.** 727-376-8262  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)