

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **N45020** (7)
1. Corporation Name
WYNDTREE PHASE IV ASSOCIATION, INC.
VILL GARD

Principal Place of Business Mailing Address
2692 CORAL LANDINGS BLVD. PALM HARBOR FL 34684
2692 CORAL LANDINGS BLVD. PALM HARBOR FL 34684

3. Date Incorporated or Qualified **09/05/1991** 3a. Date of Last Report **02/02/1994**
4. FEI Number **59-3125907** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **4800 Mile Stretch Dr.** 26 **P O Box 3370**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **P O Box 3370** 27
City & State City & State
23 **Holiday, FL 34690** 28 **Holiday, FL 34690**
Zip Country Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
PRATESI, EMIL G.
1253 PARK STREET
CLEARWATER FL 34616

10. Name and Address of New Registered Agent
81 Name **Frederick Reimer**
82 Street Address (P.O. Box Number is Not Acceptable) **4800 Mile Stretch Dr.**
83
84 City **Holiday, FL 34690** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Frederick Reimer* **Frederick Reimer, Agent** 3/22/95
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLAIG, GUNTHER	12 NAME	
STREET ADDRESS	2692 CORAL LANDINGS BLVD	13 STREET ADDRESS	
CITY ST ZIP	PALM HARBOR FL	14 CITY ST ZIP	34684
TITLE	VTD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLAIG, SUSI	22 NAME	
STREET ADDRESS	2692 CORAL LANDINGS BLVD	23 STREET ADDRESS	
CITY ST ZIP	PALM HARBOR FL	24 CITY ST ZIP	34684
TITLE	SD	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSS, MARCIA C.	32 NAME	
STREET ADDRESS	2692 CORAL LANDINGS BLVD	33 STREET ADDRESS	
CITY ST ZIP	PALM HARBOR FL	34 CITY ST ZIP	34684
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on the 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: *Jim Goldberg* **Jim Goldberg** 3/30/95-413 372-1225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (DATE)