

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N45020** (7)

1. Corporation Name  
**WYNDTREE PHASE IV ASSOCIATION, INC.**



Principal Place of Business: 4800 MILE STRETCH DR, P.O. BOX 3370, HOLIDAY FL 34690  
Mailing Address: 4800 MILE STRETCH DR, P.O. BOX 3370, HOLIDAY FL 34690

3. Date incorporated or Qualified: 09/05/1991  
3a. Date of Last Report: 05/01/1995

21	2. Principal Place of Business	2a	Mailing Address	4	FEI Number	Applied For
		26			59-3125907	Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5	Certificate of Status Desired	\$8.75 Additional Fee Required
		28			<input type="checkbox"/>	
23	City & State	28	City & State	6	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
		29			<input type="checkbox"/>	
24	Zip	29	Zip	8	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		30				

9. Name and Address of Current Registered Agent

PRATESI, EMIL G.  
4800 MILE STRETCH DR  
HOLIDAY FL 34616

10. Name and Address of New Registered Agent

81	Name	William F. Peter	
82	Street Address (P.O. Box Number is Not Acceptable)	PO Box 3320, 4800 Mile Stretch Rd.	
83			
84	City	HOLIDAY	FL 85 Zip Code 34690

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: *William F. Peter*

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

(NOTE: Registered Agent signature required when reappointing)

DATE: 4/20/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PRESIDENT
NAME	FLAIG, GUNTHER	1.2 NAME	<del>Jim Goldberg</del> Goldberg, Jim
STREET ADDRESS	2692 CORAL LANDINGS BLVD	1.3 STREET ADDRESS	1251 TRAFALGAR DR
CITY-ST-ZIP	PALM HARBOR FL 34684	1.4 CITY-ST-ZIP	NEW PORT RICHEY FL 34655
TITLE	VTD	2.1 TITLE	TREASURER
NAME	FLAIG, SUSI	2.2 NAME	Purdy, DART
STREET ADDRESS	2692 CORAL LANDINGS BLVD	2.3 STREET ADDRESS	7711 NORTH HAVEN PLACE
CITY-ST-ZIP	PALM HARBOR FL 34684	2.4 CITY-ST-ZIP	NEW PORT RICHEY, FL 34655
TITLE	SD	3.1 TITLE	SECRETARY
NAME	MOSS, MARCIA C.	3.2 NAME	Haggerty, Madeline
STREET ADDRESS	2692 CORAL LANDINGS BLVD	3.3 STREET ADDRESS	1445 HOVERSHAM DR.
CITY-ST-ZIP	PALM HARBOR FL 34684	3.4 CITY-ST-ZIP	NEW PORT RICHEY, FL 34655
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Jim Goldberg*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: 4/8/96

Daytime Phone #

CR2E037 (12/95)