FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

	OCUN Corporation	MENT Name	# N4502	0 (7)						
	WYND'	TREE PH	ASE IV ASSOCIAT	ION, INC.						
Pr	incipal Place	of Business	•	Mailing Address	7	***************************************		H OBJI BIBLI BIBL		1011 81011 1001
7711 N. HAVER PL 7711 N. HAVER PL										
NEW PORT RICHEY FL 34655 NEW PORT RICHEY FL 3465. US US					1655			 		
							3. Date Incorporated or Qualified 09/05/1991	3a. Date	03/29/19	96
⊢ −	Principal Pl	ace of Busin	ess	2a. Mailing Address			4. FEI Number Applied For S9-3125907 Not Applied			
21	<u> </u>			Suite, Apt. #, etc.					\$8.75	
22	27						Certificate of Status Desired		Fee Re	quired
00	City & State	ity & State City & Sta					6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	
23	Z _I p	T	Country	Zip	Count	у	This corporation has liability for			
24			25	29	30		Florida Statutes	Yes 🗌	No	
		9. Name	and Address of Curren	Registered Agent	8	1 Name	10. Name and Address of New R	egistered A	gent	
DETEC MAINTAINE										
PETER, WILLIAM F P O BOX 3370						2 Street Ad	ddress (P.O. Box Number is Not Accepta	ible)		
4800 MILE STRETCH RD						3				
HOLIDAY FL 34690						4 City			85 Zip (Code
1	1 Pursuant t	to the provisi	ons of Sections 617 050	2 and 617 1508. Florida Statut	ve-named c	orporation submits this statement for the	FL purpose of o	hanging it:	s registered	
'	office or re	edistered ad-	ent, or both, in the State	of Florida. Such change was a stories of, Section 617,0503, Flori	authorized I	ov the corpo	ration's board of directors. I hereby according	ept the appoi	intment as	registered
s	GNATURE .	, , , , , , , , , , , , , , , , , , , ,	, and assept the same							
1:		Signal ire Typed	or printed name of registered ages OFFICERS ANI		E: Registered A	gent signature re	quired when reinstating) ADDITIONS/CHANGES TO OFF	DATE ICERS AND I	DIBECTOR	S IN 12
	rite T	Р	OFFICERS AND	DELETE	1.1 TITLE	T	ADDITIONAJOHANALA 10 011		Change	Addition
N/	ıme	GOLDB	org, Jim		1.2 NAM					
SI	REET AUDRESS		RAFALGAR DR		1.3 STRE	ET ADDRESS]
	IY SI ZIP	NEW PO	ORT RICHEY FL	T oriett	1.4 CITY			···-	Change	Addition
	TLE NME	PURDY.	NART	DELETE	2.1 TITU 2.2 NAM			ι	Change	Addition
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ł	iy-ST-7IP		ORT RICHEY FL		- 1	- ST- ZIP				
111	TLF .	\$		DELETE	3.1 TITLE				Change	Addition
l	MME	HAGGE	rty, melanie Oversham dr		3 2 NAM					
1	RELIADORESS (ORT RICHEY FL			ET ADDRESS -ST-ZIP				1
	TY-ST-ZIP TLE	D	SIII INOILLI I E	DELETE	4.1 TITU				Change	Addition
N/	AME .	COLLER	r, neil		4. 2 NAA	E				
SI	REET ADDRESS		HAVER PL	_	4.3 STRE	ET ADDRESS				Ì
	TY-ST-ZIP		ORT RICHEY FL 3465	5 DELETE	4.4 CITY				Change	Addition
1	ILE SNAC	D STIERE	R, RONNIE	☐ DFTF#F	5.1 TITU 5.2 NAM			L		MODITION
1	AME TREET AODRESS		, ronne Haver PL			et address]
1	TY-ST-ZIP		ORT RICHEY FL 3465	5	5.4 CITY	Y				
	TLE			DELETE	6.1 TITU			T	Change	Addition
N ²	VME				6.2 NAM	E				
	IREET ADDRESS				63518	ET ADDRESS				1

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

NING OFFICER OR DIRECTOR

3/15/97

(873) 326-589 Daytime Phone # 0079836

FILED

Mar 19 1997 8:00am

Secretary of State