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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N45020

1. Corporation Name

WYNDTREE PHASE IV ASSOCIATION, INC.

Principal Place of Business

7711 N. HAVER PL
NEW PORT RICHEY FL 34655
US

Mailing Address

7711 N. HAVER PL
NEW PORT RICHEY FL 34655
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

09/05/1991

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-3125907

Applied For
Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip 25 Country

29 Zip 30 Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PETER, WILLIAM F
P O BOX 3370
4800 MILE STRETCH RD
HOLIDAY FL 34690

81 Name

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

83

84 City

FL

85 Zip Code

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

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 P DELETE
NAME GOLDBORG, JIM
STREET ADDRESS 1251 TRAFALGAR DR
CITY-ST-ZIP NEW PORT RICHEY FL

1.1 TITLE D Change Addition
1.2 NAME ROMAN ARCHIPOWICZ
1.3 STREET ADDRESS 1245 TRAFALGAR DRIVE
1.4 CITY-ST-ZIP NEW PORT RICHEY FL.

TITLE T DELETE
NAME PURDY, DART
STREET ADDRESS 7711 NORTH HAVEN PLACE
CITY-ST-ZIP NEW PORT RICHEY FL

2.1 TITLE D Change Addition
2.2 NAME LARRY CORNELL
2.3 STREET ADDRESS 7740 NORTHAVER PL.
2.4 CITY-ST-ZIP NEW PORT RICHEY FL.

TITLE S DELETE
NAME HAGGERTY, MELANIE
STREET ADDRESS 1445 HOVERSHAM DR
CITY-ST-ZIP NEW PORT RICHEY FL

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D DELETE
NAME COLLER, NEIL
STREET ADDRESS 7703 N. HAVER PL
CITY-ST-ZIP NEW PORT RICHEY FL 34655

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D DELETE
NAME STIEBER, RONNIE
STREET ADDRESS 7724 N. HAVER PL
CITY-ST-ZIP NEW PORT RICHEY FL 34655

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

Dart Purdy SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/99

(271) 326-5819

CR2E037 (1/198)