

2000 UNIFORM BUSINESS REPORT (UBR)

2/2

FILED
Apr 27, 2000 8:00 am
Secretary of State

02-28-2000 90010 005 ****61.25

DOCUMENT # N45020

1. Entity Name

WYNDTREE PHASE IV ASSOCIATION, INC.

Principal Place of Business

Mailing Address

7711 N. HAVER PL
 NEW PORT RICHEY FL 34655
 US

7711 N. HAVER PL
 NEW PORT RICHEY FL 34655
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3125907

Applied For

Not Applicable

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

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

Name **Jeannie Reinhardt**
 Street Address (P.O. Box Number is Not Acceptable)
016 Resource Prop mgmt
103 Cleveland Ave SW
 City **LARGO** FL Zip Code **33770**

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 NAME STREET ADDRESS CITY-ST-ZIP	P GOLDBORG, JIM 1251 TRAFALGAR DR NEW PORT RICHEY FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PURDY, DART 7711 NORTH HAVEN PLACE NEW PORT RICHEY FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARCHIPOWICZ, ROMAN. 1245 TRAFLAGER DR NEW PORT RICHEY FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLER, NEIL 7703 N. HAVER PL NEW PORT RICHEY FL 34655	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONNELL, LARRY 7740 NORTHAVEN PL NEW PORT RICHEY FL 34655	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D P PURDY, DART 7711 N. HAVER PL. N. P. R. FL. 34655	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VP ARCHIPOWICZ, ROMAN 1245 TRAFALGAR DR. N. P. R. FL. 34655	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D T CONNELL, LARRY 7740 N. HAVER PL. N. P. R. FL. 34655	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D S HUNTER, SAMUEL (PHIL) 7716 N. HAVER PL. N. P. R. FL. 34655	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 0 PETALS LAVONNE 1336 HOLLERSHAM PR. N. P. R. FL. 34655	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

JEANNIE REINHARDT PURDY

4/1/00

(927)376-5819

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)