

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 09, 2006 8:00 am
Secretary of State

04-28-2006 90246 001 ***245.00

DOCUMENT # N45020			
1. Entity 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		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Name and Address of Current Registered Agent REINHARDT, DEBBIE 7300 PARK ST LARGO, FL 33770		5. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
6. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2006		8. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete WATERS, DON 1428 HOVERSHORE DRIVE NEW PORT RICHEY, FL 34655	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete ARCHIPOWICZ, ROMAN 1245 TRAFALGAR DR NEW PORT RICHEY, FL 34655	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete CONNELL, LARRY 7740 NORTHAVEN PL NEW PORT RICHEY, FL 34655	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete SAMUEL, HUNTER 7716 N HAVEN PL NEW PORT RICHEY, FL 34655	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete PUROY, DART 7711 N. HAVED PL NEW PORT RICHEY, FL 34655	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Dart R. Puroy</i>		5/04/06 027376-5819	
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR		Daytime Phone #	

66018198



04262006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-3125907

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required