

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 13, 2009  
Secretary of State**

DOCUMENT# N45020

Entity Name: WYNDTREE PHASE IV ASSOCIATION, INC.

**Current Principal Place of Business:**

7712 NORTHAVEN PL  
NEW PORT RICHEY, FL 34655 US

**New Principal Place of Business:**

**Current Mailing Address:**

7712 NORTHAVEN PL  
NEW PORT RICHEY, FL 34655 US

**New Mailing Address:**

FEI Number: 59-3125907      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

REINHARDT, DEBBIE  
7300 PARK ST  
LARGO, FL 33770 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: WATERS, DON  
Address: 1428 HOVERSHORE DRIVE  
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: D      ( ) Delete  
Name: ARCHIPOWICZ, ROMAN  
Address: 1245 TRAFALGAR DR  
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: D      ( ) Delete  
Name: CONNELL, LARRY  
Address: 7740 NORTHAVEN PL  
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: D      ( ) Delete  
Name: SAMUEL, HUNTER  
Address: 7716 NORTHAVEN PL  
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: D      ( ) Delete  
Name: FLYNN, GAIL  
Address: 7712 NORTHAVEN PL  
City-St-Zip: NEW PORT RICHEY, FL 34655

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D      (X) Change ( ) Addition  
Name: WATERS, DON  
Address: 1428 HOVERSHAM DRIVE  
City-St-Zip: NEW PORT RICHEY, FL 34655

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GAIL FLYNN

D

02/13/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date