

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 15, 2003 8:00 am**  
**Secretary of State**

04-15-2003 90276 001 \*\*\*306.25

**DOCUMENT # N45020**

1. Entity Name

**WYNDTREE PHASE IV ASSOCIATION, INC.**



PRO  
ACC:

VEND

APPROVED: Cam

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. FEI Number **59-3125907**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**REINHARDT, DEBBIE  
% RESOURCE PROP MGNT  
103 CLEVELAND AVE SW  
LARGO FL 33770**

7. Name and Address of New Registered Agent

Name

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

**7300 PARK ST**

City

**SEMINOLE**

**FL**

Zip Code

**33777**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Debbie Reinhardt*

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **WATERS, DON**  
STREET ADDRESS **1428 HOVERSHORE DRIVE**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34655**

TITLE **D** ☐ Delete  
NAME **ARCHIPOWICZ, ROMAN**  
STREET ADDRESS **1245 TRAFALGAR DR**  
CITY-ST-ZIP **NEW PORT RICHEY-FL 34655**

TITLE **D** ☐ Delete  
NAME **CONNELL, LARRY**  
STREET ADDRESS **7740 NORTHAVEN PL**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34655**

TITLE **D** ☐ Delete  
NAME **SAMUEL, HUNTER**  
STREET ADDRESS **7716 N HAVEN PL**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34655**

TITLE **D** ☐ Delete  
NAME **PURDY, DART**  
STREET ADDRESS **7711 N. HAVEN PL.**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34655**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Debbie Reinhardt* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**11/9/03**

**(927) 396-5819**

Date

Daytime Phone #

CR2E037 (10/02)