

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N96000001881

FILED  
Jul 12, 2002 8:00 AM  
Secretary of State

Entity Name: WYNDTREE COMMERCIAL ASSOCIATION, INC.

**Current Principal Place of Business:**

7423 MITCHELL BLVD  
NEW PORT RICHEY, FL 34655

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2197  
NEW PORT RICHEY, FL 346562197

**New Mailing Address:**

FEI Number: 59-3390312      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

PRATESI, EMIL G  
1253 PARK STREET  
CLEARATER, FL 34616      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: PD      ( ) Delete  
Name: FLAIG, GUNTHER  
Address: 7423 MITCHELL BLVD  
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: SD      ( ) Delete  
Name: MOSS, MARCIA  
Address: 7423 MITCHELL BLVD  
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: TD      (X) Delete  
Name: MAAHHIAS, BREUDAN  
Address: 2710 ALTERNATE 19 N 401  
City-St-Zip: PALM HARBOR, FL 34684

Title: TD      ( ) Delete  
Name: FLAIG, SUSI  
Address: 7423 MITCHELL BLVD  
City-St-Zip: NEW PORT RICHEY, FL 34655

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

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 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 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: MARCIA MOSS

SD

07/12/2002

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date