

FILE NOW: FILING FEE IS \$61.25

FILED

May 21 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000002108 (8)**

1. Corporation Name

**WYNDTREE PHASE III - VILLAGES 5 & 7 ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**4800 MILE STRETCH DR.  
P.O. BOX 3370  
HOLIDAY FL 34690**

**P.O. BOX 3370  
HOLIDAY FL 34690-0370**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/28/1994</b>	3a. Date of Last Report <b>05/01/1996</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>65-0513297</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**REIMER, FREDERICK G  
4800 MILE STRETCH DR  
HOLIDAY FL 34690**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DP FLAG, GUNTHER</b>	1.2 NAME	<b>PD Robert Carlson</b>
STREET ADDRESS	<b>2892 CORAL LANDINGS BLVD.</b>	1.3 STREET ADDRESS	<b>1107 Trafalgar DR</b>
CITY-ST-ZIP	<b>PALM HARBOR FL 34684</b>	1.4 CITY-ST-ZIP	<b>New Port Richey FL 34655</b>
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DV MOSS, MARCIA</b>	2.2 NAME	<b>VPD Phyllis Kendrick</b>
STREET ADDRESS	<b>2892 CORAL LANDINGS BLVD.</b>	2.3 STREET ADDRESS	<b>1041 Trafalgar Dr</b>
CITY-ST-ZIP	<b>PALM HARBOR FL 34684</b>	2.4 CITY-ST-ZIP	<b>New Port Richey FL 34655</b>
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DST SHADDOCK, MARY</b>	3.2 NAME	<b>TD William Grace</b>
STREET ADDRESS	<b>2892 CORAL LANDINGS BLVD.</b>	3.3 STREET ADDRESS	<b>1130 Daleside Lane</b>
CITY-ST-ZIP	<b>PALM HARBOR FL 34684</b>	3.4 CITY-ST-ZIP	<b>New Port Richey FL 34655</b>
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>D Joyce Spangler</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>1030 Trafalgar Dr</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>New Port Richey FL 34655</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>D Lou Benfatti</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>7615 Albacore Dr</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>New Port Richey FL 34655</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>S Betty Wyckoff</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>1108 Trafalgar Drive</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>New Port Richey FL 34655</b>

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Robert Carlson* **ROBERT CARLSON**

4/11/97

(813) 372-2669

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0000106

CR2E037 (9/96)