

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002108

FILED  
Apr 17, 2007  
Secretary of State

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

**Current Principal Place of Business:**

1121 TRAFALGAR DR  
NEW PORT RICHEY, FL 34655 US

**New Principal Place of Business:**

**Current Mailing Address:**

7300 PARK ST  
SEMINOLE, FL 33777 US

**New Mailing Address:**

**FEI Number:** 65-0513297

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WOOD, EDWARDS  
7300 PARK STR  
SEMINOLE, FL 33777 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: P ( ) Delete  
Name: WALTERS, TOM  
Address: 7648 ALBACORE  
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: VP ( ) Delete  
Name: MOYLAN, STEPHEN  
Address: 1017 DALE SIDE LANE  
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: D ( ) Delete  
Name: WOOD, EDWARD  
Address: 1043 DALESIDE  
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: D ( ) Delete  
Name: WOODWARD, GLEN  
Address: 1020 TRAFALGAR  
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: D ( ) Delete  
Name: BRUNO, JOSEPH  
Address: 1031 DALESIDE  
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: D ( ) Delete  
Name: HALSEY, GILBERT  
Address: 1007 DALESIDE LN  
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:

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 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: TOM WALTERS

P

04/17/2007

Electronic Signature of Signing Officer or Director

Date