

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N34887

**Entity Name:** WYNDTREE MASTER COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

7300 PARK ST.  
SEMINOLE, FL 33777

**Current Mailing Address:**

7300 PARK ST.  
SEMINOLE, FL 33777 US

**FEI Number: 59-2975444**

**Certificate of Status Desired: No**

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

HATHORN, ANN  
28163 US HIGHWAY 19 N, (727) 475-5535  
CLEARWATER, FL 33761 US

*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:** ANNE HATHORN

04/04/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name ROACH, SONYA  
Address 7300 PARK STREET  
City-State-Zip: SEMINOLE FL 33777

Title PRESIDENT  
Name COLLAR, JOHN  
Address 7300 PARK STREET  
City-State-Zip: SEMINOLE FL 33777

Title DIRECTOR  
Name WOOD, ED  
Address 7300 PARK STREET  
City-State-Zip: SEMINOLE FL 33777

Title DIRECTOR  
Name SUTSSER, TERRY  
Address 7300 PARK STREET  
City-State-Zip: SEMINOLE FL 33777

Title DIRECTOR  
Name CRANDALL, CAROLYN  
Address 7300 PARK STREET  
City-State-Zip: SEMINOLE FL 33777

Title DIRECTOR  
Name CHAVLOVICH, ELAINE  
Address 7300 PARK STREET  
City-State-Zip: SEMINOLE FL 33777

Title DIRECTOR  
Name SCHULTZ, DIANE  
Address 7300 PARK ST.  
City-State-Zip: SEMINOLE FL 33777

*I hereby 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 all other like empowered.*

**SIGNATURE:** JOHN COLLAR

PRESIDENT

04/04/2017

Electronic Signature of Signing Officer/Director Detail

Date