## 2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36646

Entity Name: WYNDTREE PHASE 2 ASSN., INC.

**Current Principal Place of Business:** 

5901 US HWY 19

7Q

NEW PORT RICHEY, FL 34652

**Current Mailing Address:** 

5901 US HWY 19

70

NEW PORT RICHEY, FL 34652 US

FEI Number: 59-3060103 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

QUALIFIED PROPERTY MANAGEMENT 5901 US HWY 19

7Q

NEW PORT RICHEY, FL 34652 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: FRANK SACCONE 02/23/2017

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title **PRESIDENT** Title

BLUMBERG, JOE Name SPENCER, LEISHA Name 5901 US HWY 19 5901 US HWY 19 Address Address

City-State-Zip: NEW PORT RICHEY FL 34652 City-State-Zip: NEW PORT RICHEY FL 34652

Title **SECRETARY** Title **TREASURER** 

Name CHAVLOVICH, ELAINE Name GORDON, JERRY 5901 US HWY 19 5901 US HWY 19 Address Address

City-State-Zip: NEW PORT RICHEY FL 34652 City-State-Zip: NEW PORT RICHEY FL 34652

Title DIRECTOR Title DIRECTOR

BRYDA, BILL CORSETTI, STEVE Name Name 5901 US HWY 19 5901 US HWY 19 Address Address

City-State-Zip: NEW PORT RICHEY FL 34652 City-State-Zip: NEW PORT RICHEY FL 34652

Title **DIRECTOR** Name DREXLER, JOE Address 5901 US HWY 19

NEW PORT RICHEY FL 34652 City-State-Zip:

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.

02/23/2017 SIGNATURE: LEISHA SPENCER **PRESIDENT** 

**FILED** Feb 23, 2017

**Secretary of State** 

CC9137590349