

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36646

FILED
Feb 19, 2016
Secretary of State
CC2834345031

Entity Name: WYNDTREE PHASE 2 ASSN., INC.

Current Principal Place of Business:

7420 RAWSON COURT
NEW PORT RICHEY, FL 34655

Current Mailing Address:

7420 RAWSON COURT
NEW PORT RICHEY, FL 34655 US

FEI Number: 59-3060103

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WYNDTREE PHASE 2
7420 RAWSON CT.
NEW PORT RICHEY, FL 34655 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: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D/P
Name SPENCER, LEISHA
Address 7421 EVESBOROUGH LANE
City-State-Zip: NEW PORT RICHEY FL 34655

Title D/CS
Name CHAVLOVICH, ELAINE
Address 7409 CHELTNAM CT.
City-State-Zip: NEW PORT RICHEY FL 34655

Title D/RS
Name BRYDIA, BILL
Address 1031 FINCASTLE CT.
City-State-Zip: NEW PORT RICHEY FL 34655

Title D/T
Name GORDON, JERRY
Address 7420 RAWSON CT.
City-State-Zip: NEW PORT RICHEY FL 34655

Title VP
Name BLUMBERG, JOE
Address 7327 EVESBOROUGH LANE
City-State-Zip: NEW PORT RICHEY FL 34655

Title DIRECTOR
Name CORSETTI, STEVE
Address 1046 MIDDLESEX DR.
City-State-Zip: NEW PORT RICHEY FL

Title D/SA
Name DREXLER, JOE
Address 7415 CHELTNAM CT
City-State-Zip: NEW PORT RICHEY FL 34655

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: JERRY GORDON

D/T

02/19/2016

Electronic Signature of Signing Officer/Director Detail

Date