

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002108

Entity Name: WYNDTREE PHASE III - VILLAGES 5 & 7 ASSOCIATION, INC.**Current Principal Place of Business:**1102 TRAFALGAR DRIVE
TRINITY, FL 34655**Current Mailing Address:**1324 SEVEN SPRINGS BLVD
#142
NEW PORT RICHEY, FL 34655 US**FEI Number:** 65-0513297**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BRETZ, CHERYL
7647 ALBACORE DR
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:** BRETZ, CHERYL

01/14/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	DP
Name	BRETZ, CHERYL
Address	1324 SEVEN SPRINGS BLVD #142
City-State-Zip:	TRINITY FL 34655

Title	D
Name	CRESCENTI, CATHERINE
Address	1324 SEVEN SPRINGS BLVD #142
City-State-Zip:	TRINITY FL 34655

Title	DT
Name	BOSS, KEITH
Address	1324 SEVEN SPRINGS BLVD #142
City-State-Zip:	NEW PORT RICHEY FL 34655

Title	D
Name	WOOD, EDWARD
Address	1324 SEVEN SPRINGS BLVD #142
City-State-Zip:	NEW PORT RICHEY FL 34655

Title	D
Name	GARONE, LESTER
Address	1324 SEVEN SPRINGS BLVD #142
City-State-Zip:	NEW PORT RICHEY FL 34655

Title	S
Name	NAGEL, GARY
Address	1324 SEVEN SPRINGS BLVD #142
City-State-Zip:	TRINITY FL 34655

Title	DVP
Name	BITTER, KARL
Address	1324 SEVEN SPRINGS BLVD #142
City-State-Zip:	TRINITY 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: CHERYL BRETZ**PRESIDENT**

01/14/2014

Electronic Signature of Signing Officer/Director Detail

Date