

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90077 039 ****61.25

DOCUMENT # 755502

1. Entity Name
WINGFIELD RESERVE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
**REGENCY PROF. MGT. INC
407 WEKIVA SPRINGS ROAD STE 505
LONGWOOD, FL 32779 US**

Mailing Address
**PO BOX 916285
LONGWOOD, FL 32791-6285 US**

40026062



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01282005

Chg-NP

CR2E037 (10/03)

4. FEI Number

59-2168794

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**REGENCY PROFESSIONAL MNGMT INC
407 WEKIVA SPRINGS RD
STE 205
LONGWOOD, FL 32779**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete
NAME WALKER, RAY
STREET ADDRESS 2160 DEER HOLLOW CIRCLE
CITY-ST-ZIP LONGWOOD, FL 32779

TITLE SDV ☐ Change ☒ Addition
NAME Sigman, Pat
STREET ADDRESS 1809 Wingfield Dr.
CITY-ST-ZIP Longwood FL 32779

TITLE TD ☒ Delete
NAME CHIPPERFIELD, MARK
STREET ADDRESS 1820 WINGFIELD DRIVE
CITY-ST-ZIP LONGWOOD, FL 32779

TITLE TD ☐ Change ☒ Addition
NAME Stuart, Karen
STREET ADDRESS 2223 Smoketree Ct.
CITY-ST-ZIP Longwood FL 32779

TITLE VD ☐ Delete
NAME SPERRY, JOHN
STREET ADDRESS 1742 ALVARADO CT
CITY-ST-ZIP LONGWOOD, FL 32779

TITLE PD ☒ Change ☐ Addition
NAME Sperry, John
STREET ADDRESS 1742 Alvarado Ct
CITY-ST-ZIP Longwood, FL 32779

TITLE S ☐ Delete
NAME BLED SOE, MICHAEL
STREET ADDRESS 2112 CLUSTER BRANCH CT
CITY-ST-ZIP LONGWOOD, FL 32779

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME SCHINDLER, LAWERENCE
STREET ADDRESS 2171 DEER HOLLOW
CITY-ST-ZIP TAVARES, FL 32778

TITLE D ☐ Change ☒ Addition
NAME DiNarro, Attilio
STREET ADDRESS 2164 Deer Hollow
CITY-ST-ZIP Longwood FL 32778

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael Bladsoe Michael Bladsoe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/2005

Date

407-602-2822

Daytime Phone #