

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000862

FILED  
Apr 12, 2005  
Secretary of State

**Entity Name:** WYNGATE AT BRIGHTON BAY HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2180 W SR 434  
SUITE 5000  
LONGWOOD, FL 327795044

**New Principal Place of Business:**

**Current Mailing Address:**

2180 W SR 434  
SUITE 5000  
LONGWOOD, FL 327795044

**New Mailing Address:**

**FEI Number:** 59-3682659

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HART, JAMES W JR  
SENTRY MANAGEMENT INC.  
2180 W SR 434, SUITE 5000  
LONGWOOD, FL 327795044 US

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

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

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ZEIGLER, DON  
Address: 723 VALLANCE WAY NE  
City-St-Zip: ST PETERSBERG, FL 33716

Title: VPD ( ) Delete  
Name: ALLOCK, ROBBY  
Address: 647 VALLANCE WAY NE  
City-St-Zip: ST PETERSBERG, FL 33716

Title: STD ( ) Delete  
Name: ELLIS, CONNIE  
Address: 740 VALLANCE WAY NE  
City-St-Zip: ST PETERSBERG, FL 33716

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: STAFFENBERG, DANNY  
Address: 518 BLACK LION DR NE  
City-St-Zip: ST PETERSBERG, FL 33716

Title: VPD (X) Change ( ) Addition  
Name: MILANO, CHRIS  
Address: 731 VALLANCE WAY NE  
City-St-Zip: ST PETERSBERG, FL 33716

Title: STD (X) Change ( ) Addition  
Name: THOMAS, SHARON  
Address: 573 VALLANCE WAY NE  
City-St-Zip: ST PETERSBERG, FL 33716

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: DANNY STAFFENBERG

PD

04/12/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date