

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000862

FILED
Feb 28, 2006
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: STAFFENBERG, DANNY
Address: 518 BLACK LION DR NE
City-St-Zip: ST PETERSBERG, FL 33716

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HILL, MIKE
Address: 572 SHOREHAM CT NE
City-St-Zip: ST PETERSBERG, FL 33716

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change () Addition
Name: GLAZER, NEIL
Address: 520 BLACK LION DR 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 Chapter 119, 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: MIKE HILL

PD

02/28/2006

Electronic Signature of Signing Officer or Director

Date