

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 05, 2007 8:00 am**  
**Secretary of State**

03-05-2007 90070 017 \*\*\*\*61.25

**DOCUMENT # N01000001970**

1. Entity Name

WYNDSONG HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

MANAGEMENT SPECIALISTS  
4400 NW 36 AVE  
GAINESVILLE FL 32606

MANAGEMENT SPECIALISTS  
4400 NW 36 AVE  
GAINESVILLE FL 32606

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

01-0671624

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

MANAGEMENT SPECIALISTS  
C/O PATRICIA TRIPPE  
4400 NW 36 AVE  
GAINESVILLE FL 32606

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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

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

TITLE P ☐ Delete  
NAME SCHULTETUS, RAYMOND  
STREET ADDRESS 14610 NW 11TH PLACE  
CITY-ST-ZIP NEWBERRY FL 32669

TITLE V ☐ Delete  
NAME STOROE, WILLIAM  
STREET ADDRESS 1206 NW 150TH DR  
CITY-ST-ZIP NEWBERRY FL 32669

TITLE T ☐ Delete  
NAME CLEMONS, JANE A  
STREET ADDRESS 1654 NW 11TH PLACE  
CITY-ST-ZIP NEWBERRY FL 32669

TITLE S ☐ Delete  
NAME DUNSE, CAROL  
STREET ADDRESS 14568 NW 11TH PLACE  
CITY-ST-ZIP NEWBERRY FL 32669

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Director ☐ Change ☒ Addition  
NAME Kennedy, Chad  
STREET ADDRESS 13125 SW 2nd Ave.  
CITY-ST-ZIP Newberry Fl. 32669

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

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

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

TITLE ☐ Change ☐ Addition  
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 exemptions contained in Section 119, 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:

*Raymond Schultetus*

2/15/07

352-331-7865