

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90296 049 ****70.00

DOCUMENT # N01000002503

1. Entity Name
WYNDGATE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**5909-D HAMPTON OAKS PARKWAY
TAMPA, FL 33610**

Mailing Address
**16105 N FLORIDA AVE
SUITE A
LUTZ, FL 33549-6161**



2. Principal Place of Business

3. Mailing Address

03042005 Chg-NP CR2E037 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3757533

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SPIVEY, WILLIAM C
16105 N FLORIDA AVE
SUITE A
LUTZ, FL 33549-6161**

7. Name and Address of New Registered Agent

Name **STEVEN MEZER**
Street Address (P.O. Box Number is Not Acceptable)
220 S. FRANKLIN ST
City **TAMPA** FL Zip Code **33611**

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 address (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

STEVEN H MEZER

3/16/05

**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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	THOMPSON, STEVEN	
STREET ADDRESS	1401 MCCREA	
CITY-ST-ZIP	LUTZ, FL 33549	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ARDCHA, FELIX	
STREET ADDRESS	1538 MCCREA	
CITY-ST-ZIP	LUTZ, FL 33549	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	CRAIG, PATRICIA	
STREET ADDRESS	16220 SWENSON TERR.	
CITY-ST-ZIP	LUTZ, FL 33549	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	AFLORD, GREGEORY	
STREET ADDRESS	1526 MCCREA	
CITY-ST-ZIP	LUTZ, FL 33549	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MARDEMAN, BOBBY	
STREET ADDRESS	1545 MCCREA	
CITY-ST-ZIP	LUTZ, FL 33549	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PYLES, WENDY	
STREET ADDRESS	1547 MCCREA	
CITY-ST-ZIP	LUTZ, FL 33549	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DRUMMOND, THOMAS	
STREET ADDRESS	16105 N. FLORIDA #A	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARDEMAN, BOBBY	
STREET ADDRESS	16105 N. FLORIDA #A	
CITY-ST-ZIP	LUTZ, FL 33549	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DINEHART, RHONDA	
STREET ADDRESS	16105 N. FLORIDA #A	
CITY-ST-ZIP	LUTZ, FL 33549	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, CHRISTOPHER	
STREET ADDRESS	16105 N. FLORIDA #A	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRABAND, MICHAEL	
STREET ADDRESS	16105 N. FLORIDA #A	
CITY-ST-ZIP	LUTZ, FL 33549	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHNSON, WENDY	
STREET ADDRESS	16105 N. FLORIDA #A	
CITY-ST-ZIP	LUTZ, FL 33549	

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 the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RHONDA DINEHART

SECRETARY

Date

Daytime Phone #

4/20/05

813-300-0903