

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90177 006 ****61.25

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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3757533	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MEZER, STEVEN 220 S FRANKLIN STREET LUTZ, FL 33549-6161				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, 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	DRUMOND, THOMAS		NAME		
STREET ADDRESS	16105 N FLORIDA #A		STREET ADDRESS		
CITY-ST-ZIP	LUTZ, FL 33549		CITY-ST-ZIP		
TITLE	VD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	HARDEMAN, BOBBY		NAME	D	
STREET ADDRESS	16105 N FLORIDA #A		STREET ADDRESS		
CITY-ST-ZIP	LUTZ, FL 33549		CITY-ST-ZIP		
TITLE	SD	☒ Delete	TITLE	☐ Change ☒ Addition	
NAME	DINEHART, RHONDA		NAME	Charles Steeper	
STREET ADDRESS	16105 N FLORIDA #A		STREET ADDRESS	16105 N. FLORIDA #A	
CITY-ST-ZIP	LUTZ, FL 33549		CITY-ST-ZIP	LUTZ FL 33549	
TITLE	TD	☒ Delete	TITLE	☐ Change ☒ Addition	
NAME	SMITH, CHRISTOPHER		NAME	Susan Francois	
STREET ADDRESS	16105 N FLORIDA #A		STREET ADDRESS	16105 N. FLORIDA #A	
CITY-ST-ZIP	LUTZ, FL 33549		CITY-ST-ZIP	LUTZ FL 33549	
TITLE	D	☒ Delete	TITLE	☐ Change ☒ Addition	
NAME	BRABAND, MICHAEL		NAME	BUSTIN, SANDRA	
STREET ADDRESS	16105 N FLORIDA #A		STREET ADDRESS	16105 N. FLORIDA #A	
CITY-ST-ZIP	LUTZ, FL 33549		CITY-ST-ZIP	LUTZ FL 33549	
TITLE	D	☒ Delete	TITLE	☐ Change ☒ Addition	
NAME	JOHNSON, WENDY		NAME	RIDLEY, KEITH	
STREET ADDRESS	16105 N FLORIDA #A		STREET ADDRESS	16105 N. FLORIDA #A	
CITY-ST-ZIP	LUTZ, FL 33549		CITY-ST-ZIP	LUTZ FL 33549	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:			THOMAS DRUMMOND Date: 3/28/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone # 813 968 5665		