2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2009
Secretary of State

DOCUMENT# N01000002503

Entity Name: WYNDGATE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5909-D HAMPTON OAKS PARKWAY
TAMPA, FL 33610

New Principal Place of Business:

Current Mailing Address:

16105 N FLORIDA AVE
SUITE A
LUTZ, FL 335496161

New Mailing Address:

FEI Number: 59-3757533 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MEZER, STEVEN
1801 N. HIGLAND AVE
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

MEZER, STEVEN
1801 N. HIGHLAND AVE
TAMPA, FL 33602 US

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: _____ 03/12/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: DRUMOND, THOMAS
Address: 16105 N FLORIDA #A
City-St-Zip: LUTZ, FL 33549

Title: D ( ) Delete
Name: HARDEMAN, BOBBY
Address: 16105 N FLORIDA #A
City-St-Zip: LUTZ, FL 33549

Title: SD ( ) Delete
Name: SLEEPER, CHARLES
Address: 16105 N. FLORIDA #A
City-St-Zip: LUTZ, FL 33549

Title: TD ( ) Delete
Name: FRANCOIS, SUSAN
Address: 16105 N. FLORIDA #A
City-St-Zip: LUTZ, FL 33549

Title: D ( ) Delete
Name: BUSTIN, SANDRA
Address: 16105 N. FLORIDA #A
City-St-Zip: LUTZ, FL 33549

Title: D ( ) Delete
Name: RIDLEY, KEITH
Address: 16105 N. FLORIDA #A
City-St-Zip: LUTZ, FL 33549

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: THOMAS DRUMMOND PRES 03/12/2009
Electronic Signature of Signing Officer or Director — Date