


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

02-28-2008 90018 010 \*\*\*\*61.25

<b>DOCUMENT # N02000000888</b> 1. Entity Name <b>WINGSPREAD OWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>P. O. BOX 667 FRUITLAND PARK, FL 34731 US</b>			Mailing Address <b>P. O. BOX 667 FRUITLAND PARK, FL 34731</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>75-3076773</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>RICHEY, STEVEN J ESQ 601 SOUTH NINTH STREET LEESBURG, FL 34748</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS.			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHWARTZ, MARC 918 HAWK LANDING FRUITLAND PARK, FL 34731	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S McCabe, Sharon 926 Hawk Landing Fruitland Park, FL 34731
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP OLIVER, CHAD 1803 WINGSPREAD DRIVE FRUITLAND PARK, FL 34731	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mayer, Myrna 1714 Wingspread Drive Fruitland Park, FL 34731
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROSS, RACHEL 911 HAWK LANDING FRUITLAND PARK, FL 34731	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CLARK, RICHARD B P. O. BOX 667 FRUITLAND PARK, FL 34731	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE 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 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: 			Date <b>2/19/08</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

66006550



01232008 Chg-NP CR2E037 (12/06)

Applied For  
Not Applicable

FL Zip Code