


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90319 035 ****61.25

DOCUMENT # N02000007712					
1. Entity Name WINGATE ESTATES DISTRICT ASSOCIATION, INC.					
Principal Place of Business 1331 BEDFORD DR STE 103 VIERA, FL 32940			Mailing Address 1331 BEDFORD DR STE 103 VIERA, FL 32940		
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 11-3658076	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DILLON, THOMAS B 1331 BEDFORD DR STE 103 MELBOURNE, FL 32940			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DS	<input type="checkbox"/> Delete	TITLE	DR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AULETA, BETSY		NAME	Ernest, Stephen	
STREET ADDRESS	1355 CLUBHOUSE DR.		STREET ADDRESS	1195 Clubhouse Dr.	
CITY-ST-ZIP	VIERA, FL 32955		CITY-ST-ZIP	Viera, FL 32955	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TUCKER, JODY		NAME		
STREET ADDRESS	1998 AUBURN LAKES DR		STREET ADDRESS		
CITY-ST-ZIP	VIERA, FL 32955		CITY-ST-ZIP		
TITLE	DP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GODFREY, RANDALL		NAME		
STREET ADDRESS	2148 AUBURN LAKES DR		STREET ADDRESS		
CITY-ST-ZIP	VIERA, FL 32955		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERREAULT, RICHARD		NAME		
STREET ADDRESS	1658 AUBURN LAKE DR		STREET ADDRESS		
CITY-ST-ZIP	VIERA, FL 32955		CITY-ST-ZIP		
TITLE	DVP	<input checked="" type="checkbox"/> Delete	TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCDERMOTT, MARC		NAME	walker, Thomas	
STREET ADDRESS	1608 AUBURN LAKES DR		STREET ADDRESS	1356 Clubhouse Dr.	
CITY-ST-ZIP	ROCKLEDGE, FL 32955		CITY-ST-ZIP	Viera, FL 32955	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENDRES, DICK		NAME	Endres, Richard	
STREET ADDRESS	1918		STREET ADDRESS	1918 Auburn Lakes Dr.	
CITY-ST-ZIP	VIERA, FL 32955		CITY-ST-ZIP	Viera, FL 32955	
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: <i>Elysebeth Auleta</i>			Date: 4-24-08 Daytime Phone #: 321-777-7875		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		