

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006679

FILED  
Apr 30, 2005  
Secretary of State

Entity Name: WINGATE PLAZA ASSOCIATION, INC.

## Current Principal Place of Business:

3206 COUNTRY CLUB DR  
LYNN HAVEN, FL 32444

## New Principal Place of Business:

## Current Mailing Address:

3206 COUNTRY CLUB DR  
LYNN HAVEN, FL 32444

## New Mailing Address:

FEI Number: 20-2615076

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PATEL, KETAN A  
3206 COUNTRY CLUB DR  
LYNN HAVEN, FL 32444 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: PATEL, KETAN A  
Address: 3206 COUNTRY CLUB DR  
City-St-Zip: LYNN HAVEN, FL 32444

Title: D ( ) Delete  
Name: NANJI, KIRAN  
Address: 3220 COUNTRY CLUB DR  
City-St-Zip: LYNN HAVEN, FL 32444

Title: D ( ) Delete  
Name: YOUNG, PETE  
Address: 3109 PRESERVE ROOKERY BLVD  
City-St-Zip: PANAMA CITY BEACH, FL 32408

Title: D (X) Delete  
Name: LEWIS, JIMMY  
Address: 1328 JENKS AVE  
City-St-Zip: PANAMA CITY BEACH, FL 32401

Title: D ( ) Delete  
Name: CORBIN, STEWART  
Address: 667 W 23RD ST  
City-St-Zip: PANAMA CITY BEACH, FL 32405

## 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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KETAN A. PATEL

MGRM

04/30/2005

Electronic Signature of Signing Officer or Director

Date