2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 31, 2007
Secretary of State

DOCUMENT# N04000006679

Entity Name: WINGATE PLAZA ASSOCIATION, INC.

Current Principal Place of Business:

3206 COUNTRY CLUB DR
LYNN HAVEN, FL 32444

New Principal Place of Business:

2610 LYNN HAVEN PARKWAY
LYNN HAVEN, FL 32444

Current Mailing Address:

3206 COUNTRY CLUB DR
LYNN HAVEN, FL 32444

New Mailing Address:

2610 LYNN HAVEN PARKWAY
LYNN HAVEN, FL 32444

FEI Number: 20-2615076 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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:

SAMTANI, MANU
105 W 23RD STREET
PANAMA CITY, FL 32405 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: MANU SAMTANI 08/31/2007
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 (X) Delete
Name: YOUNG, PETE
Address: 3109 PRESERVE ROOKERY BLVD
City-St-Zip: PANAMA CITY BEACH, FL 32408

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: SAMTANI, MANU
Address: 105 W 23RD STREET
City-St-Zip: PANAMA CITY, FL 32405

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: MANU SAMTANI PRES 08/31/2007
Electronic Signature of Signing Officer or Director Date