2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34887

FILED Apr 28, 2008 Secretary of State

Entity Name: WYNDTREE MASTER COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:			iness:	New Princ	New Principal Place of Business:		
	K STREET E, FL 33777	US					
Current M	lailing Addres	s:		New Maili	ng Address:		
	K STREET E, FL 33777	US					
FEI Number	: 59-2975444	FEI Nu	mber Applied For()	FEI Number Not Appl	licable () Certificate of Status Desired ()		
Name and	Address of C	urrent l	Registered Agent:	Name and	Address of New Registered Agent:		
	CE PROPERTY	MANA	GEMENT				
	K STREET E, FL 33777	US					
	named entity s e of Florida.	ubmits t	this statement for the pu	rpose of changing i	ts registered office or registered agent, or both,		
SIGNATUI		:- 0:	turn of Denistrand Asses		Dett		
	Electron	ic Signa	ture of Registered Ager		Date		
OFFICER	S AND DIREC	rors:		ADDITION	IS/CHANGES TO OFFICERS AND DIRECTOR		
Title: Name: Address: City-St-Zip:	D () GREEN, LYNN 7254 FORESTE NEW PORT RIC		34655	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	STD () WOOD, ED 1043 DALESIDE NEW PORT RIC		34655	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	P () GORDON, JERI 1054 MIDDLES NEW PORT RIC	EX DR	34655	Title: Name: Address: City-St-Zip:	PD (X) Change () Addition GORDON, JERRY 1054 MIDDLESEX DR NEW PORT RICHEY, FL 34655		
Title: Name: Address: City-St-Zip:	VP () HAYNES, ROB 1024 MAZARIO NEW PORT RIC		34655	Title: Name: Address: City-St-Zip:	VPD (X) Change () Addition HAYNES, ROB 1024 MAZARION PL NEW PORT RICHEY, FL 34655		
Title: Name: Address: City-St-Zip:	D () CLAYTON, ROE 1441 STROUD NEW PORT RIC	CT	34655	Title: Name: Address: City-St-Zip:	D (X) Change () Addition COLLAR, JOHN 1411 STROUD COURT NEW PORT RICHEY, FL 34655		
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	D () Change (X) Addition FLYNN, GAIL 7712 NORTHAVEN PLACE NEW PORT RICHEY, FL 34655		

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: JERRY GORDON DP 04/28/2008