2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# N34889

Entity Name: WYNDTREE 1 AND 2 ASSN., INC.

Current Principal Place of Business:

7300 PARK ST
SEMINOLE, FL 33777 US

New Principal Place of Business:

Current Mailing Address:

7300 PARK ST
SEMINOLE, FL 33777 US

New Mailing Address:

FEI Number: 59-2975445 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REINHARDT, DEBRA
7300 PARK ST
SEMINOLE, FL 33777 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: VP ( ) Delete
Name: APUZZIO, NEAL
Address: 7019 FALLBROOK CT
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: DP ( ) Delete
Name: FREIHOEFER, PHILIP
Address: 1057 FARMINGDALE LANE
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: D ( ) Delete
Name: DEMUTH, JAMES
Address: 7033 FALLBROOK CT
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: RSD ( ) Delete
Name: HAAS, CYNTHIA
Address: 7024 FALLBROOK CT
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: TD ( ) Delete
Name: GREEN, LYNN
Address: 7254 FORESTEDGE CRT
City-St-Zip: NEW PORT RICHEY, FL 34655

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: MAZUREK, SHARON
Address: 7239 FOREST EDGE COURT
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: PD (X) Change ( ) Addition
Name: DEMUTH, JAMES
Address: 7033 FALLBROOK CT
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: SD (X) Change ( ) Addition
Name: HAAS, CYNTHIA
Address: 7024 FALLBROOK CT
City-St-Zip: NEW PORT RICHEY, FL 34655

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: JAMES DEMUTH PD 04/30/2008

Electronic Signature of Signing Officer or Director — Date