

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46994

FILED
Apr 12, 2005
Secretary of State

Entity Name: WYNDTREE PHASE V - VILLAGE 9 ASSOCIATION, INC.

Current Principal Place of Business:

2180 W. SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 W. SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 59-3174413

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
% SENTRY MANAGEMENT INC
2180 WEST SR 434 STE 5000
LONGWOOD, FL 327795044 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: WHEELER, BARBARA
Address: 1316 DAWSBURY WAY
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: PD () Delete
Name: MEMOLI, ROBERT
Address: 7851 TENBY CT
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: TD () Delete
Name: CLAYTON, ROBERT
Address: 1441 STROUD CT
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: SD () Delete
Name: WERTZ, MARY
Address: 1344 DAWSBURY WAY
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: D () Delete
Name: CRANDALL, CAROLYN C
Address: 1328 DAWSBURY WAY
City-St-Zip: NEW PORT RICHEY, FL 34655

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: D (X) Change () Addition
Name: NASER, MARVIN
Address: 1431 STROUD 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 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: ROBERT MEMOLI

PD

04/12/2005

Electronic Signature of Signing Officer or Director

Date