2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2009
Secretary of State

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Entity Name: WINGATE RESERVE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

260 SEAGLASS DRIVE
MELBOURNE BEACH, FL 329513277

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 510403
MELBOURNE BEACH, FL 329510404

New Mailing Address:

P.O. BOX 510403
MELBOURNE BEACH, FL 329510404 US

FEI Number: 59-3232171 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARTIN, PETER P JR.
260 SEAGLASS DR.
MELBOURNE BEACH, FL 329513277 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:	KING, CHRISTINE MS	
Address:	230 SEAGLASS DR	
City-St-Zip:	MELBOURNE BEACH, FL 32951	
Title:	PD	( ) Delete
Name:	MARTIN, PETER P JR.	
Address:	260 SEAGLASS DR.	
City-St-Zip:	MELBOURNE BEACH, FL 329513277	
Title:	T	( ) Delete
Name:	COOPER, ROSE MARIE	
Address:	160 SEAGLASS DRIVE	
City-St-Zip:	MELBOURNE BEACH, FL 32951	
Title:	D	( ) Delete
Name:	MARSLAND, BRIAN MR	
Address:	271 SEAGLASS DR	
City-St-Zip:	MELBOURNE BEACH, FL 32951	
Title:	S	( ) Delete
Name:	MURPHY, JACK	
Address:	140 SEAGRASS DR	
City-St-Zip:	MELBOURNE BEACH, FL 32951	

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 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: PETER P. MARTIN JR. PD 01/19/2009
Electronic Signature of Signing Officer or Director — Date