

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001881

FILED
Apr 20, 2005
Secretary of State

Entity Name: WYNDTREE COMMERCIAL ASSOCIATION, INC.

Current Principal Place of Business:

7615 MITCHELL BLVD
NEW PORT RICHEY, FL 34655

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2197
NEW PORT RICHEY, FL 346562197

New Mailing Address:

FEI Number: 59-3390312

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRATESI, EMIL G
1253 PARK STREET
CLEARATER, FL 34616 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: PD () Delete
Name: FLAIG, GUNTHER
Address: 7615 MITCHELL BLVD
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: SD () Delete
Name: MOSS, MARCIA
Address: 7615 MITCHELL BLVD
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: TD () Delete
Name: FLAIG, SUSI
Address: 7615 MITCHELL BLVD
City-St-Zip: NEW PORT RICHEY, FL 34655

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change () Addition
Name: METTA, JANICE E
Address: 7615 MITCHELL BLVD
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: JANICE E. METTA

SD

04/20/2005

Electronic Signature of Signing Officer or Director

Date