

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 22, 2008 8:00 am**  
**Secretary of State**

05-22-2008 90013 031 \*\*\*150.00

**DOCUMENT # P06000042035**

1. Entity Name  
WYNDHAM/RIVER TRACE, INC.



Principal Place of Business

28059 U.S. HWY 19 N.  
STE 302  
CLEARWATER, FL 33761

Mailing Address

28059 U.S. HWY 19 N.  
STE 302  
CLEARWATER, FL 33761

2. Principal Place of Business - No P.O. Box #

36370 U.S. Hwy 19 N.  
Palm Harbor, FL.  
34684 USA

3. Mailing Address

36370 U.S. Hwy 19 N.  
Palm Harbor, FL.  
34684 USA



04152008 Chg-P CR2E034 (12/06)

4. FEI Number

20-4556663

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MINIERI, CARL A  
28059 U.S. HWY 19 N.  
STE 302  
CLEARWATER, FL 33761

7. Name and Address of New Registered Agent

Name CARL N. MINIERI  
Street Address (P.O. Box Number is Not Acceptable)  
36370 U.S. Hwy 19 N.  
Palm Harbor, FL 34684  
City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Carl Minieri*

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOWIN FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DVP	<input type="checkbox"/> Delete
NAME	MINIERI, CARL A	
STREET ADDRESS	28059 U.S. HWY 19 N. STE 302	
CITY-ST-ZIP	CLEARWATER, FL 33761	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Minieri, Carl A	
STREET ADDRESS	36370 U.S. Hwy 19 N.,	
CITY-ST-ZIP	Palm Harbor, FL 34684	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARL N MINIERI	
STREET ADDRESS	36370 US Hwy 19, Palm Harbor	
CITY-ST-ZIP	34684	
TITLE	S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Malave, Marianne	
STREET ADDRESS	36370 U.S. Hwy 19 N.	
CITY-ST-ZIP	Palm Harbor, FL 34684	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Carl Minieri* - Pres

4/28/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #