

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P95000023363

1. Entity Name

WYNDWOOD HOMES, INC.



APPROVED
AND
FILED

07 APR 26 AM 9:33

Principal Place of Business
4813 BALLYGAR DRIVE
TALLAHASSEE FL 32309
US

Mailing Address
4813 BALLYGAR DRIVE
TALLAHASSEE FL 32309
US

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E034 (10/06)

Zip

Country

Zip

Country

4. FEI Number

59-3305717

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCKIBBEN, R. BRUCE JR.
1435 E. PIEDMONT DR., STE. 214
TALLAHASSEE FL 32308

7. Name and Address of New Registered Agent

Name

DONNA S. BIGGINS

Street Address (P.O. Box Number is Not Acceptable)

PENSON & DAVIS, P.A.

2810 REMINGTON GREEN CIRCLE

City

TALLAHASSEE

FL

Zip Code
32308

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

Donna S. Biggins
Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/25/07

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PTD ☐ Delete
NAME MONTGOMERY, DONALD H
STREET ADDRESS 4813 BALLYGAR DRIVE
CITY-STATE-ZIP TALLAHASSEE FL 32309

TITLE VSD ☐ Delete
NAME MONTGOMERY, GAY W
STREET ADDRESS 4813 BALLYGAR DRIVE
CITY-STATE-ZIP TALLAHASSEE FL 32309

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Donald H. Montgomery
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/07

Date

850-668-0837

Daytime Phone #