FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



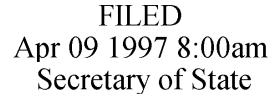
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

(7)



VILLAGES OF WYNDEMERE CONDOMINIUM ASSOCIATION, I NC.												
Principal Plac	e of Business	Mailing Address					j i fobitini kli olbil aktir intil anili).	(0) 8 9 1 8	acı miass binin n	HELL GIGHT TER		
385 EDGEMERE WAY N. NAPLES FL 33999 NAPLES FL 34105-7148												
				_			3. Date Incorporated or Qualified 03/06/1992	3a . Da	04/24/19	eport 196		
21	iace of Business	2a. Mailing Address 26					4. FEI Number 65-0325865		No	optied For ot Applicable	<u>]</u>	
Suite, Apt.		Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 A	equired			
City & State		City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 Added t				
Zip 24 341(Zip 29	30 Cou	ntry				Yes [] No	199.032,		
	9. Name and Address of Curre	nt Registered Agent		81	Name		10. Name and Address of New Reg	gistered /	1gent		-	
4445514	V INIAPIR			וים	Ivame						}	
	Y, VINCENT ORTH AIRPORT ROAD			82	Street #	Addres	ss (P.O. Box Number is Not Acceptab	le)			7	
SUITE A			ł	83							1	
	FL 33942		ļ	84	City				05 3in (Ondo.		
				- 1	•			FL		105		
11. Pursuant I office or re agent. I a	to the provisions of Sections 617.050 egistered agent, or both, in the Stato m familiar with, and accept the oblig	02 and 617.1508, Florida Statute of Florida. Such change was a lations of, Section 617.0503, Flo	es, the ab uthorized rida Stat	oove d by utes.	named the corp	corpo oratio	ration submits this statement for the p n's board of directors. I hereby accep	urpose of t the app	changing its ointment as	s registered registered		
SIGNATURE												
12.	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Reg OFFICERS AND DIRECTORS			agislored Agent signature require:			when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE FRS AND	OBECTOR	S IN 12	1	
TITLE	D	DELETE	1.1 TITLE				7.657776104011110601007710		X X Change	Addition	-0	
NAME	QUINBY, CLYDE C.		1.2 NAME		Ì						12	
STREET ADDRESS	3800 N. AIRPORT RD			1.3 STREET ADDRESS			•				15	
CITY-ST-ZIP	NAPLES FL 33942		1.4 CI	TY-ST	-ZIP			<u> </u>	34105		3	
TITLE	D	☐ DELETE	21 111		ļ	D		,	Change Change	Addition	10	
NAME	SALUAN, ANDREW J.		2.2 NA			DA	VIDSON, GEORGE					
STREET ADDRESS	3800 N. AIRPORT RD NAPLES FL 33942		2.3 STREET 2.4 City-1			49	6 EDGEMERE WAY EA	ST,	#349165	5		
CITY-ST-ZIP TITLE	PST PST	DELETE	3.1 10		·ZIP	_NA	PLES, FL		XX Change	Addition	-	
NAME	QUINBY, CLYDE C.	-	3.2 NA					•	4.2.2			
STREET ADDRESS	3800 N. AIRPORT RD		3.3 STREE		DDRESS							
CITY-ST-ZIP	NAPLES FL 33942		3 4. CI	TY-ST	- Z IP				3410)5		
TITLE		☐ DELETE	4.1 (1)	ĽΕ					☐ Change	Addition	7	
NAME			4. 2 NA	AME								
STREET ADDRESS			4.3 STREET ADD		DDRESS							
CITY-ST-ZIP		DELETE.	4.4 CITY-		- Z IP				<u> </u>	T Address	-	
TITLE		☐ DELETE	5.1717		1				☐ Change	Addition		
NAME OTOGET ADDOLGS			5.2 NAME		DDDCCC							
STREET ADDRESS			5.3 STREET		1						1	
CITY-ST-ZIP	,	☐ DELETE	5.4 CiTy - 9 6.1 TiTLE		- 511.				Change	Addition	1	
NAME				6.2 NAME							1	
STREET ADDRESS	<i>2</i>				DORESS							
CITY-ST-ZIP			6.4 CIT								1	
	or certify that the information supplie	d with this filing does not qualify				atari in	Section 119 07(3)(i) Florida Statutes	Lhuther	cortify that t	bo	7	

I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statules. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.