

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 13, 1999 8:00 am**  
**Secretary of State**

04-13-1999 90079 013 \*\*\*\*61.25

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N47707**

1. Corporation Name

**VILLAGES OF WYNDEMERE CONDOMINIUM ASSOCIATION, I  
 NC.**

Principal Place of Business

98 WYNDEMERE WAY  
 NAPLES FL 34105  
 US

Mailing Address

98 WYNDEMERE WAY  
 NAPLES FL 34105  
 US



321019 - 90079 - 13

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		03/06/1992	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				65-0325865	
22		27		Applied For	
City & State		City & State		Not Applicable	
23		28		5. Certificate of Status Desired <input type="checkbox"/>	
Zip		Zip		\$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing <input type="checkbox"/>	
24		29		Trust Fund Contribution <input type="checkbox"/>	
25		30		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MURPHY, VINCENT 3810 NORTH AIRPORT ROAD SUITE A NAPLES FL 34105				81 Name			
				FAUSNIGHT, MARY JO			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				98 WYNDEMERE WAY			
83				84 City			
				NAPLES			
				85 Zip Code			
				FL 34105			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PSTD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	FD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	QUINBY, CLYDE C.		1.2 NAME	KENNY, JIM			
STREET ADDRESS	3800 N. AIRPORT RD		1.3 STREET ADDRESS	496 EDGEMERE WAY E #101			
CITY-ST-ZIP	NAPLES FL		1.4 CITY-ST-ZIP	NAPLES, FL 34105			
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	STD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	DAVIDSON, GEORGE		2.2 NAME	DAVIDSON, GEORGE			
STREET ADDRESS	496 EDGEMERE WAY E #201		2.3 STREET ADDRESS	496 EDGEMERE WAY E #201			
CITY-ST-ZIP	NAPLES FL		2.4 CITY-ST-ZIP	NAPLES, FL 34105			
TITLE	PST	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	VD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	QUINBY, CLYDE C.		3.2 NAME	HOPEFL, DAVID			
STREET ADDRESS	3800 N. AIRPORT RD		3.3 STREET ADDRESS	486 EDGEMERE WAY EAST, #202			
CITY-ST-ZIP	NAPLES FL		3.4 CITY-ST-ZIP	NAPLES, FL 34105			
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. 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 with all other like empowered.

SIGNATURE: \_\_\_\_\_ DATE: 2/25/99 (941)263-0761  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)