

FILE NOW: FILING FEE IS \$61.25

FILED  
May 26 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** N96000004592  
1. Corporation Name  
**WYNDHAM LAKES HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business <b>10100 W. SAMPLE ROAD SUITE 205 CORAL SPRINGS, FL 33065</b>	Mailing Address <b>10100 W. SAMPLE ROAD SUITE 205 CORAL SPRINGS, FL 33065</b>
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Amend

3. Date Incorporated or Qualified <b>04/03/97</b>	4. FEI Number <b>65-0705026</b>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
22 Suite, Apt #, etc.	27 Suite, Apt #, etc.
23 City & State	28 City & State
24 Zip	29 Zip
25 Country	30 Country

5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**JIM MARSHALL  
10100 W. SAMPLE ROAD  
SUITE 205  
CORAL SPRINGS, FL  
33065**

**10. Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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 617.033, Florida Statutes.

SIGNATURE: *Jim Marshall* **JIM MARSHALL** DATE: **4/21/98**

**12. OFFICERS AND DIRECTORS**

TITLE	STD	<input type="checkbox"/> DELETE
NAME	JIM MARSHALL	
STREET ADDRESS	10100 W. SAMPLE ROAD SUITE 205	
CITY-ST-ZIP	CORAL SPRINGS, FL 33065	<input type="checkbox"/> DELETE
TITLE	D	<input type="checkbox"/> DELETE
NAME	JACK DOUCETTE	
STREET ADDRESS	10100 W. SAMPLE ROAD SUITE 205	
CITY-ST-ZIP	CORAL SPRINGS, FL 33065	<input type="checkbox"/> DELETE
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		<input type="checkbox"/> DELETE

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	D
3.3 STREET ADDRESS	PATRICK GRIMM
3.4 CITY-ST-ZIP	10100 W. SAMPLE ROAD SUITE 205 CORAL SPRINGS, FL 33065
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	400002537584
6.3 STREET ADDRESS	-05/27/98--01102--003 PE
6.4 CITY-ST-ZIP	***70.00 5-26

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.

SIGNATURE: *Jim Marshall* **JIM MARSHALL** DATE: **4/21/98** DAYTIME PHONE #: **954-253-4242**

CR2E037 (10/97)