
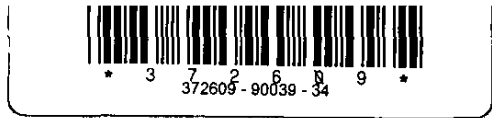


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Mar 25, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96060004592
 1. Corporation Name
WYNDHAM LAKES NORTH HOMEOWNER'S ASSOCIATION, I



Principal Place of Business	Mailing Address
8000 GOVERNORS SQUARE BLVD. SUITE 1011 MIAMI LAKES, FL. 33016	8000 GOVERNORS SQ. BLVD. SUITE 101 MIAMI, LAKES, FL 33016

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 c/o Diversified Mgmt Svcs. Suite, Apt. #, etc.	26 c/o Diversified Mgmt. Svcs. Suite, Apt. #, etc.	September 17, 1996
22 8457 W. Oakland Pk Blvd. City & State	27 P.O. Box 451418 City & State	4. FEI Number
23 Sunrise, Florida Zip Country	28 Sunrise, Florida Zip Country	65-0735497
24 33351 25 USA	29 33345-1418 30 USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
JORDAN, GREGORY W. 8000 Governors Square Blvd. Suite 101 Miami, Lakes, Florida 33016		81 Name	Kaye & Roger, P.A.
		82 Street Address (P.O. Box Number is Not Acceptable)	6261 NW 6th Way
		83	Suite 103
		84 City	Fort Lauderdale FL
		85 Zip Code	33309

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: Robert Kaye President DATE: 4-9-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JORDAN, GREGORY	1.2 NAME	JANICE, BARBARA
STREET ADDRESS	8000 Governors Square Blvd. #101	1.3 STREET ADDRESS	5537 NW 124 Avenue
CITY-ST-ZIP	Miami Lakes, Fl. 33016	1.4 CITY-ST-ZIP	Coral Springs, Fl. 33076
TITLE	STD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHARPSTEEN, CANDACE	2.2 NAME	RYAN, GREG
STREET ADDRESS	8000 Governors Square Blvd. #101	2.3 STREET ADDRESS	12439 NW 56 Court
CITY-ST-ZIP	Miami Lakes, Fl. 33016	2.4 CITY-ST-ZIP	Coral Springs, Fl. 33076
TITLE	VPD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUMPHRIES, MICHAEL	3.2 NAME	KLEINER, TINA
STREET ADDRESS	8000 Governors Square Blvd. #101	3.3 STREET ADDRESS	12339 NW 55 STREET
CITY-ST-ZIP	Miami Lakes, Fl. 33016	3.4 CITY-ST-ZIP	CORAL SPRINGS, FL. 33076
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	BARBUTO, JOHN
STREET ADDRESS		4.3 STREET ADDRESS	5552 NW 125 Terrace
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Coral Springs, Fl. 33076
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: Barbara Janice DATE: 2/22/99 954-572-1880
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037-(11/98)