


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 09, 2006 8:00 am**  
**Secretary of State**

03-09-2006 90160 032 \*\*\*\*61.25

DOCUMENT # N96000004592			
1. Entity Name WYNDHAM LAKES NORTH HOMEOWNERS' ASSOCIATION, INC.			
Principal Place of Business INTEGRITY PROPERTY MGMT 953 UNIVERSITY DRIVE CORAL SPRINGS, FL 33071 US		Mailing Address INTEGRITY PROPERTY MGMT 953 UNIVERSITY DRIVE CORAL SPRINGS, FL 33071 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent INTEGRITY PROPERTY MANAGEMENT 953 UNIVERSITY DRIVE CORAL SPRINGS, FL 33071		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		FL	Zip Code
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '06	
TITLE	PD WEISSBAUM, JEAN <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEISSBAUM, JEAN	NAME	
STREET ADDRESS	12484 N W 55 ST	STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS, FL 33076	CITY-ST-ZIP	
TITLE	SD VARGA, EDITH <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VARGA, EDITH	NAME	
STREET ADDRESS	5562 N W 124TH AVE	STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS, FL 33076	CITY-ST-ZIP	
TITLE	TD KLEINER, TINA <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLEINER, TINA	NAME	
STREET ADDRESS	12339 N W 55 ST	STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS, FL 33076	CITY-ST-ZIP	
TITLE	<i>President</i> BUNGO, PETER <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUNGO, PETER	NAME	
STREET ADDRESS	12400 NW 55TH ST	STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS, FL 33076	CITY-ST-ZIP	
TITLE	D NORBERTO, LINDA <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORBERTO, LINDA	NAME	
STREET ADDRESS	12306 N W 55 ST	STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS, FL 33076	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Joe K...</i>		3/6/06 954-346-0677	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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4. FEI Number 65-0705026 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required