

Coventry Place

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90064 011 ****61.25

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01152007 Chg-NP CR2E037 (12/06)

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 - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
4. FEI Number 65-0705026		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
INTEGRITY PROPERTY MANAGEMENT 953 UNIVERSITY DRIVE CORAL SPRINGS, FL 33071			Name		
			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 <u>Joe Kay, Agent</u>		(NOTE: Registered Agent signature required when reinstating)		DATE <u>2/22/07</u>	
Filing Fee is \$61.25 Due by May 1, 2007		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 10		
TITLE	SD <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 <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	P <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 <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			
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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Joe Kay, Agent</u>		Date: <u>2/22/07</u>		Daytime Phone: <u>346-0477</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					