

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2003 8:00 am
Secretary of State

003249

05-02-2003 90083 032 ****61.25

DOCUMENT # N96000004592



1. Entity Name
WYNDHAM LAKES NORTH HOMEOWNERS' ASSOCIATION, INC

Principal Place of Business Mailing Address
~~C/O CASTLE MOUNT INC~~ *Integrity Property Mgmt.* ~~C/O CASTLE MOUNT INC~~ *Integrity Property Mgmt.*
~~P.O. BOX 189013~~ *953 UNIVERSITY DR.* ~~P.O. BOX 189013~~ *953 UNIVERSITY DR.*
~~PLANTATION FL 33318~~ *CORAL SPRINGS FL* ~~PLANTATION FL 33318~~ *CORAL SPRINGS FL*
 US US
33071



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0705026		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
KAYE & ROGER, P.A. 6261 NW 6TH WAY SUISTE 103 FT LAUDERDALE FL 33309				Name <i>Integrity Property Management</i>			
				Street Address (P.O. Box Number is Not Acceptable) <i>953 University Drive</i>			
				City <i>Coral Springs</i>		FL	

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 *Cynthia M. Whittle* DATE *4/28/03*

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

FILE NOW: FEE IS \$61.25	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input 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 <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	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARBUTO, JOHN	NAME	
STREET ADDRESS	5552 NW 125TH TERRACE	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, ANGELO	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 exemption stated in Section 119.07(3)(i), 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 *A. Weissbaum* DATE *2/8/03* TELEPHONE # *346-0677*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE TELEPHONE #

CR2E037 (10/02)