



**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # N47707 1. Entity Name VILLAGES OF WYNDEMERE CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 98 WYNDEMERE WAY NAPLES, FL 34105 US		Mailing Address 98 WYNDEMERE WAY NAPLES, FL 34105 US	
DO NOT WRITE IN THIS SPACE			
		01082007 No Chg-NP CR2E037 (4/06)	
		4. FEI Number 65-0325865	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FAUSNIGHT, MARYJO 98 WYNDEMERE WAY NAPLES, FL 34105		DO NOT WRITE IN THIS SPACE	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
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	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE U0000006827427 04/10/07-80037-018 61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KENNY, JIM 496 EDGEEMERE WAY E #101 NAPLES, FL 34105		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSTV WITHERS, RICHARD 496 EDGEEMERE WAY E #201 NAPLES, FL 34105		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MC ELWAIN, ROBERT 486 EDGEEMERE WAY E. #102 NAPLES, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS 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>James P. Kenny</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		02/21/07 239-263-6761 Date Daytime Phone #	

JAMES P. KENNY