2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
May 07, 2007
Secretary of State

DOCUMENT# N05000007603

Entity Name: WYNDHAM LAKES ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2180 W SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

1802 N. ALAFAYA TRAIL
ORLANDO, FL 32826

Current Mailing Address:

2180 W SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

P.O. BOX 781291
ORLANDO, FL 32878

FEI Number: 20-4873418 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

COMMUNITY RESOURCE MANAGEMENT
1802 N. ALAFAYA TRAIL
ORLANDO, FL 32826 US

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.

SIGNATURE: FRANK SURFACE 05/07/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: HACKER, BING
Address: 101 SOUTHHALL LN STE 200
City-St-Zip: MAITLAND, FL 32751

Title: VPD ( ) Delete
Name: WICINSKI, PHILIP
Address: 101 SOUTHHALL LN STE 400
City-St-Zip: MAITLAND, FL 32751

Title: SD ( ) Delete
Name: BROEDEL, WAYNE
Address: 101 SOUTHHALL LN STE 400
City-St-Zip: MAITLAND, FL 32751

Title: TD (X) Delete
Name: WILLIAMS, TRAY
Address: 101 SOUTHHALL LN STE 200
City-St-Zip: MAITLAND, FL 32714

Title: D (X) Delete
Name: STAPP, WES
Address: 101 SOUTHHALL LN STE 400
City-St-Zip: MAITLAND, FL 32751

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: DAVIS, HELEN
Address: 1802 N. ALAFAYA TRAIL
City-St-Zip: ORLANDO, FL 32826

Title: VPD (X) Change ( ) Addition
Name: STAPP, WES
Address: 1802 N. ALAFAYA TRAIL
City-St-Zip: ORLANDO, FL 32826

Title: STD (X) Change ( ) Addition
Name: BONIN, ROB
Address: 1802 N. ALAFAYA TRAIL
City-St-Zip: ORLANDO, FL 32826

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HELEN DAVIS P 05/07/2007
Electronic Signature of Signing Officer or Director Date