## 2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# N05000007603

Oct 17, 2007
Secretary of State

Entity Name: WYNDHAM LAKES ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1802 N. ALAFAYA TRAIL
ORLANDO, FL 32826
19 E. CENTRAL BLVD.
SECOND FLOOR
ORLANDO, FL 32801

Current Mailing Address: New Mailing Address:

P.O. BOX 781291 19 E. CENTRAL BLVD.
ORLANDO, FL 32878 SECOND FLOOR
ORLANDO, FL 32801

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

2180 W SR 434 SUITE 5000

ORLANDO, FL 32826 US

COMMUNITY RESOURCE MANAGEMENT

19 E. CENTRAL BLVD.

SECOND FLOOR

ORLANDO, FL 32801 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 10/17/2007

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:PD () DeleteTitle:PD (X) Change () AdditionName:DAVIS, HELENName:BYRNES, LAURAAddress:1802 N. ALAFAYA TRAILAddress:19 E. CENTRAL BLVD, 2ND FLOORCity-St-Zip:ORLANDO, FL 32826City-St-Zip:ORLANDO, FL 32801

Title: VPD ( ) Delete Title: VPD (X) Change ( ) Addition

Name: STAPP, WES Name: STAPP, WES

Address: 1802 N. ALAFAYA TRAIL Address: 19 E. CENTRAL BLVD, 2ND FLOOR City-St-Zip: ORLANDO, FL 32826 City-St-Zip: ORLANDO, FL 32801

11.5-21. OKLANDO, FL 32020 CITY-31-21P. OKLANDO, FL 3200

Title: STD ( ) Delete Title: STD (X) Change ( ) Addition Name: BONIN, ROB Name: VALANTASIS, JOHN

Address: 1802 N. ALAFAYA TRAIL Address: 19 E. CENTRAL BLVD, 2ND FLOOR

City-St-Zip: ORLANDO, FL 32826 City-St-Zip: ORLANDO, FL 32801

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: LAURA BYRNES PD 10/17/2007