

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000004592

**Entity Name:** WYNDHAM LAKES NORTH HOMEOWNERS' ASSOCIATION, INC.

**FILED**  
**Feb 08, 2018**  
**Secretary of State**  
**CC0218991977**

**Current Principal Place of Business:**

INTEGRITY PROPERTY MGMT  
5665 CORAL RIDGE DRIVE  
CORAL SPRINGS, FL 33076

**Current Mailing Address:**

INTEGRITY PROPERTY MGMT  
5665 CORAL RIDGE DRIVE  
CORAL SPRINGS, FL 33076 US

**FEI Number: 90-0183100**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

INTEGRITY PROPERTY MANAGEMENT  
5665 CORAL RIDGE DRIVE  
CORAL SPRINGS, FL 33076 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name VARGA, EDITH  
Address 5665 CORAL RIDGE DRIVE  
City-State-Zip: CORAL SPRINGS FL 33076

Title TD  
Name KLEINER, TINA  
Address 5665 CORAL RIDGE DRIVE  
City-State-Zip: CORAL SPRINGS FL 33076

Title D  
Name BUNGO, PETER  
Address 5665 CORAL RIDGE DRIVE  
City-State-Zip: CORAL SPRINGS FL 33076

Title VPD  
Name PARIS, DAVID  
Address 5665 CORAL RIDGE DRIVE  
City-State-Zip: CORAL SPRINGS FL 33076

Title DIRECTOR  
Name HERZ, DAN  
Address 5665 CORAL RIDGE DRIVE  
City-State-Zip: CORAL SPRINGS FL

*I hereby 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 all other like empowered.*

**SIGNATURE: EDITH VARGA**

**PRESIDENT**

**02/08/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date