

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728531

FILED
Mar 03, 2009
Secretary of State

Entity Name: WENDIMERE VILLAS PHASE II CONDOMINIUM APARTMENTS ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 4535
TEQUESTA, FL 33469

New Principal Place of Business:

413, 415, 417, 419 N CYPRESS DRIVE
TEQUESTA, FL 33469

Current Mailing Address:

P.O. BOX 4535
TEQUESTA, FL 33469

New Mailing Address:

FEI Number: 59-1768589 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

YATES-SINGER, SHIRLEY
413 CYPRESS DR #2
TEQUESTA, FL 33469 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: BONVENUTO, KIM
Address: 417 CYPRESS DR#11
City-St-Zip: TEQUESTA, FL 33469

Title: PDD () Delete
Name: BROOKS, BRENDA
Address: 413 CYPRESS DR #4
City-St-Zip: TEQUESTA, FL 33469

Title: SD () Delete
Name: PORFIDIO, JO L
Address: 419 CYPRESS DR #16
City-St-Zip: TEQUESTA, FL 33469

Title: SD () Delete
Name: BROOKS, BRENDA
Address: 413 CYPRESS DR #4
City-St-Zip: TEQUESTA, FL 33469

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: BRENDA BROOKS

PDD

03/03/2009

Electronic Signature of Signing Officer or Director

Date