

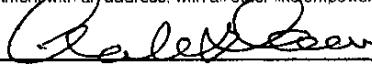


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Mar 26, 2007 08:00 AM  
Secretary of State**

<b>DOCUMENT # 757085</b>			
1. Entity Name <b>THE COMMONS OF WYNDEMERE SECTION ONE ASSOCIATION, INC.</b>			
Principal Place of Business <b>98 WYNDEMERE WAY NAPLES, FL 34105 US</b>	Mailing Address <b>98 WYNDEMERE WAY NAPLES, FL 34105 US</b>		
<b>DO NOT WRITE IN THIS SPACE</b>			
		01082007 No Chg-NP CR2E037 (4/06)	
		4. FEI Number <b>59-2104743</b>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent  <b>FAUSNIGHT, MARY JO 98 WYNDEMERE WAY NAPLES, FL 34105</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when re-registering)</small> DATE _____			
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>  U00000680242 04/03/07-80070-019 61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAUER, ROBERT 200 WYNDEMERE WAY B-401 NAPLES, FL 34105		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV JOHNSTON, ROBERT 300 WYNDEMERE WAY C-205 NAPLES, FL 34105		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GREEN, LAWRENCE 300 WYNDEMERE WAY #305 NAPLES, FL 34105		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS TREIBER, BERTHOLD 500 WYNDEMERE WAY #104 NAPLES, FL 34105		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LAMBE, JIM 500 WYNDEMERE WAY 301E NAPLES, FL 34105		
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: 		2-26-07 239-263-0761	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>ROBERT DAUER</b>		Date Daytime Phone #	