

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 12 PM 12:04

DOCUMENT # 757086 (4)
1. Corporation Name
WYNDEMERE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
385 EDMERE WAY N NAPLES FL 33999 **385 EDMERE WAY N NAPLES FL 33999**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/24/1981** 3a. Date of Last Report **04/12/1994**
4. FEI Number **59-2104741** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**WISEMAN, TAMELA
2150 GOODLETTE RD STE 305
NAPLES FL 33940**

10. Name and Address of New Registered Agent
81 Name **MARY JO FAUSNIGHT**
82 Street Address (P.O. Box Number is Not Acceptable) **385 EDMERE WAY NORTH**
83
84 City **NAPLES** FL 85 Zip Code **33999**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Mary Jo Fausnight* DATE **2/27/95**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature is required when new agent)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MARR, JOHN
STREET ADDRESS	385 EDMERE WAY N.
CITY - ST - ZIP	NAPLES FL
TITLE	VD
NAME	LAWRENCE, WILLIAM
STREET ADDRESS	385 EDMERE WAY N
CITY - ST - ZIP	NAPLES FL
TITLE	SD
NAME	BELT, JESSIE B
STREET ADDRESS	385 EDMERE WAY N.
CITY - ST - ZIP	NAPLES FL
TITLE	TD
NAME	BOYCE, CHARLES
STREET ADDRESS	385 EDMERE WAY N.
CITY - ST - ZIP	NAPLES FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JOHN V. RANDALL
1.3 STREET ADDRESS	132 AMBLEWOOD LANE
1.4 CITY - ST - ZIP	NAPLES, FL 33999
2.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JESSE BELT
2.3 STREET ADDRESS	151 EDMERE WAY SOUTH
2.4 CITY - ST - ZIP	NAPLES, FL 33999
3.1 TITLE	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	LINDA LACKORE
3.3 STREET ADDRESS	356 EDMERE WAY NORTH
3.4 CITY - ST - ZIP	NAPLES, FL 33999
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Charles R. Boyce* **TREAS.** DATE **2/22/95** **263-7431**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Typed Name)
CHARLES R. BOYCE