

4-10-98 BUYSOC
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Apr 10 1998 8:00am
 Secretary of State



NONPROFIT CORPORATION
 ANNUAL REPORT
 1998

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

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



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

3. Date Incorporated or Qualified
 03/24/1981
 4. FEI Number
 59-2104741 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
 21 98 Wyndemere Way 26 98 Wyndemere Way
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 34105 25 USA 29 34105 30 USA

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. Is this nonprofit corporation a homeowners association? Yes No
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FAUSNIGHT, MARY JO
 385 EDGEEMERE WAY NORTH
 NAPLES FL 33999

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 98 Wyndemere Way
 83
 84 City FL 85 Zip Code
 34105

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HYMAN, MICHAEL	1.2 NAME	Lackore, Lu
STREET ADDRESS	200 WYNDEMERE WAY, #103-B	1.3 STREET ADDRESS	356 Edgemere Way North
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	Naples, FL 34105
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALZER, JOHN	2.2 NAME	
STREET ADDRESS	405 ROSEMEADE LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEARHART, WILSON R.	3.2 NAME	
STREET ADDRESS	507 COURTSIDE DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANPHERE, CHARLES A	4.2 NAME	
STREET ADDRESS	734 COURTSIDE DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *John Salzer* Date: Jan 8, 1998 Daytime Phone #: 941-263-0761

CR2E037 (10/97)