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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 757086

1. Corporation Name

WYNDEMERE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

98 WYNDEMERE WAY
NAPLES FL 34105
US

Mailing Address

98 WYNDEMERE WAY
NAPLES FL 34105
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

03/24/1981

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

9. Name and Address of Current Registered Agent

FAUSNIGHT, MARY JO
98 WYNDEMERE WAY
NAPLES FL 34105

10. Name and Address of New Registered Agent

81 Name
Tamela Eady Wiseman, Esquire
82 Street Address (P.O. Box Number is Not Acceptable)
600 Fifth Avenue South, Suite 301
83
84 City
Naples FL 85 Zip Code
34102

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

Tamela Eady Wiseman
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-1-99
DATE

12. OFFICERS AND DIRECTORS

TITLE VD
NAME LACKORE, LU
STREET ADDRESS 356 EDGEWATER WAY NORTH
CITY-ST-ZIP NAPLES FL 34105 ☒ DELETE

TITLE PD
NAME SALZER, JOHN
STREET ADDRESS 405 ROSEMEADE LANE
CITY-ST-ZIP NAPLES FL ☐ DELETE

TITLE SD
NAME GEARHART, WILSON R.
STREET ADDRESS 507 COURTSIDE DR
CITY-ST-ZIP NAPLES FL ☐ DELETE

TITLE TD
NAME LANPHERE, CHARLES A
STREET ADDRESS 734 COURTSIDE DRIVE
CITY-ST-ZIP NAPLES FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VD
1.2 NAME YEPPSEN, HAROLD
1.3 STREET ADDRESS 20 GOLF COTTAGE DR
1.4 CITY-ST-ZIP NAPLES, FL 34105 ☒ Change ☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)