

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90026 011 ****61.25

DOCUMENT # 757086

1. Entity Name

WYNDEMERE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

98 WYNDEMERE WAY
 NAPLES FL 34105
 US

98 WYNDEMERE WAY
 NAPLES FL 34105-7140
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2104741

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



01107V

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WISEMAN, TAMELA E
 600 FIFTH AVE. S. STE. 301
 NAPLES FL 34102

Name **Steven M. Falk Esq.**
 Street Address (P.O. Box Number is Not Acceptable)
850 Park Shore Drive
Naples
 City **FL** Zip Code **34103**

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.

SIGNATURE **Steven M. Falk** *SM Falk* **1/13/00**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Delete
NAME	LACKORE, LU	
STREET ADDRESS	356 EDMERE WAY NORTH	
CITY-ST-ZIP	NAPLES FL 34105	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SALZER, JOHN	
STREET ADDRESS	405 ROSEMEADE LANE	
CITY-ST-ZIP	NAPLES FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GEARHART, WILSON R.	
STREET ADDRESS	507 COURTSIDE DR	
CITY-ST-ZIP	NAPLES FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LANPHERE, CHARLES A	
STREET ADDRESS	734 COURTSIDE DRIVE	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Baldwin, Don	
STREET ADDRESS	145 Edgemere way N	
CITY-ST-ZIP	Naples, FL 34105	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Yepsen, Harold	
STREET ADDRESS	20 Golf Cottage Drive	
CITY-ST-ZIP	Naples, FL 34105	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hoffman, Sherry	
STREET ADDRESS	216 Edgemere way S	
CITY-ST-ZIP	Naples, FL 34105	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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: *Sherry Hoffman* **2/25/00** **(941)263-0761**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)