

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90095 015 ****61.25

DOCUMENT # 757086

1. Entity 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

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**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FALK, STEVEN M ESQ
 850 PARK SHORE DR
 NAPLES FL 34103**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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 **DV** ☐ Delete
 NAME **DOUGLAS, CHARLES**
 STREET ADDRESS **324 EDMERE WAY EAST**
 CITY-ST-ZIP **NAPLES FL 34105**

TITLE **D/P** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DS** ☐ Delete
 NAME **GEESLIN, ELAINE**
 STREET ADDRESS **725 COURTSIDE DRIVE**
 CITY-ST-ZIP **NAPLES FL 34105**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DT** ☒ Delete
 NAME **HOFFMAN, SHARON**
 STREET ADDRESS **216 EDMERE WAY EAST**
 CITY-ST-ZIP **NAPLES FL 34105**

TITLE **D/V** ☐ Change ☒ Addition
 NAME **Kelley, Andy**
 STREET ADDRESS **258 Edgemere Way East**
 CITY-ST-ZIP **Naples, FL 34105**

TITLE **PD** ☒ Delete
 NAME **YEPSEN, HAROLD**
 STREET ADDRESS **20 GOLF COTTAGE DR**
 CITY-ST-ZIP **NAPLES FL 34105**

TITLE **D/T** ☐ Change ☒ Addition
 NAME **Mahoney, Edward**
 STREET ADDRESS **12 Water Oaks Way**
 CITY-ST-ZIP **Naples, FL 34105**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE OF REGISTERED AGENT
CHARLES DOUGLAS 3-12-02

Date

Daytime Phone #

(941) 263-0761

CR2E037 (9/01)