


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90093 012 ****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
03142005		Chg-NP CR2E037 (10/03)	
4. FEI Number 59-2104741		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CLASP INC. 3001 TAMiami TRAIL N. 4TH FLOOR NAPLES, FL 34103		Name <i>Samouce, Murrell & Gal, P.A.</i>	
		Street Address (P.O. Box Number is Not Acceptable)	
		<i>5405 Park Central Court</i>	
		City <i>Naples</i> FL Zip Code <i>34109</i>	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE: <i>Robert E. Merrill as Vice President</i>		DATE: <i>7-23-05</i>	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BUCKEY, WARREN 98 WYNDEMERE WAY NAPLES, FL 34105 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DUNCAN, MARTIN 98 WYNDEMERE WAY NAPLES, FL 34105 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BIRTWISTLE, JOCLYN 98 WYNDEMERE WAY NAPLES, FL 34105 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MAHONEY, EDWARD 98 WYNDEMERE WAY NAPLES, FL 34105 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Zarroli, Cam 98 Wyndemere Way Naples, FL 34105 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BASLER, JOHN 98 WYNDEMERE WAY NAPLES, FL 34105 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLOOM, RODNEY 98 WYNDEMERE WAY NAPLES, FL 34105 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Warren E. Buckley</i>		Date: <i>4/1/05</i> Daytime Phone #: <i>(239)262-3389</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <i>WARREN E. BUCKEY</i>			