2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N0000002066

1. Entity Name

WYNDHAM PALMS MASTER COMMUNITY ASSOCIATION, INC.

2180 WEST SR 434. SUITE 5000 LONGWOOD FL 32779-5044

Principal Place of Business

Mailing Address

2180 WEST SR 434. SUITE 5000 LONGWOOD EL 32779-5044

2. Principal Place of Busin	ess	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.						
City & State		City & State						
Zin	Country	7in	Country					

FILED May 06, 2002 8:00 am Secretary of State

05-06-2002 90032 045 ****61.25

Editation (E series and)					$\frac{1}{2}$								
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Suite, Apt. #, etc. Suite, Apt. #, etc.							DO NOT W	RITE IN THIS	SPACE				
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City & State City & State							4. FEI Number				plied For		
								,	59-366303	18		t Applicable	
Zip		Country	Zip		Count	г у		5. Certificate of	Status Desire	d 🔲	\$8.75 Add Fee Required		
	6 Name	and Address of Current I	Registered :	Agent				7. Name and Ad	dress of Ne	v Registerer			
	o. Italie	and Address of Correct	register ear	nguit		Name		T. Hame and Ac		. riogioto.oc	- Nguin		
						Street Address (P.O. Box Number is Not Acceptable)							
	IANAGEMEN	NT INC											
	R 434 STE !				L						1 7: 0: (
	OD FL 3277					City				F	L Zip Code	9	
		submits this statement for	the nurnose	e of changing its	registered	office or re	egistere	d agent or both i	n the state of	Florida.			
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	<u>.</u>												
SIGNATURE.													
	Signature, typed of	or printed name of registered agent a	ind title if applica	ble. (NOTE	: Registered A	gent signature i	required w	hen reinstating)		DATE			
	(4												
	FILE NOW:	: FEE IS \$61.25		9. Election Can			, ;	\$5.00 May Be			ck Payable		
•				Trust Fund C	Contribution	٦. 🗀	, ل	Added to Fees		Departm	ent of State)	
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STREET ADDRESS		ERLEY PLACE, #420			STREET	ADDRESS						-	
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12. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR