

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000002066

**FILED**  
**Apr 21, 2004**  
**Secretary of State****Entity Name:** WYNDHAM PALMS MASTER COMMUNITY ASSOCIATION, INC.**Current Principal Place of Business:**2180 WEST SR 434, SUITE 5000  
LONGWOOD, FL 327795044**New Principal Place of Business:****Current Mailing Address:**2180 WEST SR 434, SUITE 5000  
LONGWOOD, FL 327795044**New Mailing Address:****FEI Number:** 59-3663038**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**HART, JAMES W JR  
SENTRY MANAGEMENT INC  
2180 W SR 434 STE 5000  
LONGWOOD, FL 327795044 US**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: LEIFERMAN, JIM  
Address: 555 WINDERLEY PLACE, #420  
City-St-Zip: MAITLAND, FL 32751

Title: STD ( ) Delete  
Name: DUNCAN, JUDITH  
Address: 555 WINDERLEY PLACE, #420  
City-St-Zip: MAITLAND, FL 32751

Title: VD ( ) Delete  
Name: PUVOGEL, DOUGLAS W  
Address: 555 WINDERLEY PLACE STE 420  
City-St-Zip: MAITLAND, FL 32751

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: LEIFERMAN, JIM  
Address: 4901 VINELAND RD STE 500  
City-St-Zip: ORLANDO, FL 32811

Title: STD (X) Change ( ) Addition  
Name: DUNCAN, JUDITH  
Address: 4901 VINELAND RD STE 500  
City-St-Zip: ORLANDO, FL 32811

Title: VPD (X) Change ( ) Addition  
Name: PUVOGEL, DOUGLAS W  
Address: 4901 VINELAND RD STE 500  
City-St-Zip: ORLANDO, FL 32811

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JIM LEIFERMAN

PD

04/21/2004

Electronic Signature of Signing Officer or Director

Date