

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90286 015 \*\*\*\*61.25

<b>DOCUMENT # N00000005656</b>					
<b>1. Entity Name</b> WYNDHAM VILLAGE HOMEOWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> WYNDHAM VILLAGE HOMEOWNERS ASSOCIATION ROYAL PALM BEACH, FL 33411			<b>Mailing Address</b> REALIA 2258 RIDGEWOOD COURT ROYAL PALM BEACH, FL 33411		
<b>2. Principal Place of Business - No P.O. Box #</b> 2328 S. CONGRESS AVENUE Suite, Apt. #, etc. SUITE 2A City & State WEST PALM BEACH, FL Zip 33406		<b>3. Mailing Address</b> 2328 S. CONGRESS AVENUE Suite, Apt. #, etc. SUITE 2A City & State WEST PALM BEACH, FL Zip 33406			
Country USA		Country USA		<b>4. FEI Number</b> 65-1045123	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  REALIA 2258 RIDGEWOOD COURT ROYAL PALM BEACH, FL 33411			<b>7. Name and Address of New Registered Agent</b> Name GARY D. FIELDS, P.A. Street Address (P.O. Box Number is Not Acceptable)  4400 PGA BOULEVARD City PALM BEACH GARDENS FL Zip Code 33410		
<b>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.</b>					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> P <b>NAME</b> HETHERINGTON, VERNON <b>STREET ADDRESS</b> 2258 RIDGEWOOD COURT <b>CITY-ST-ZIP</b> ROYAL PALM BEACH, FL 33411	<input type="checkbox"/> Delete		<b>TITLE</b> PD <b>NAME</b> HETHERINGTON, VERNON <b>STREET ADDRESS</b> 2328 S. CONGRESS AVE., SUITE 2A <b>CITY-ST-ZIP</b> WEST PALM BEACH, FL 33406	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> TD <b>NAME</b> NAPOLI, JOHN <b>STREET ADDRESS</b> 2258 RIDGEWOOD COURT <b>CITY-ST-ZIP</b> ROYAL PALM BEACH, FL 33411	<input type="checkbox"/> Delete		<b>TITLE</b> TD <b>NAME</b> NAPOLI, JONATHAN <b>STREET ADDRESS</b> 2328 S. CONGRESS AVE., SUITE 2A <b>CITY-ST-ZIP</b> WEST PALM BEACH, FL 33406	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VP <b>NAME</b> MELNICK, JOSEPHINE <b>STREET ADDRESS</b> 2258 RIDGEWOOD COURT <b>CITY-ST-ZIP</b> ROYAL PALM BEACH, FL 33411	<input type="checkbox"/> Delete		<b>TITLE</b> VPD <b>NAME</b> MELNICK, JOSEPHINE <b>STREET ADDRESS</b> 2328 S. CONGRESS AVE., SUITE 2A <b>CITY-ST-ZIP</b> WEST PALM BEACH, FL 33406	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> S <b>NAME</b> MOORE, ANTHONY <b>STREET ADDRESS</b> 2258 RIDGEWOOD COURT <b>CITY-ST-ZIP</b> ROYAL PALM BEACH, FL 3411	<input type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> MOORE, ANTHONY <b>STREET ADDRESS</b> 2328 S. CONGRESS AVE., SUITE 2A <b>CITY-ST-ZIP</b> WEST PALM BEACH, FL 33406	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> KYSOR, RICK <b>STREET ADDRESS</b> 2258 RIDGEWOOD COURT <b>CITY-ST-ZIP</b> ROYAL PALM BEACH, FL 33411	<input type="checkbox"/> Delete		<b>TITLE</b> SD <b>NAME</b> KYSOR, RICHARD <b>STREET ADDRESS</b> 2328 S. CONGRESS AVE., SUITE 2A <b>CITY-ST-ZIP</b> WEST PALM BEACH, FL 33406	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 of the like empowered.</b>					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/18/07 561-239-1253 <small>Date Daytime Phone #</small>		