

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007760

FILED
Feb 22, 2009
Secretary of State

Entity Name: WYNDHAM LAKE SUBDIVISION HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1270 N. WICKHAM RD
SUITE 16-605
MELBOURNE, FL 32935

New Principal Place of Business:

Current Mailing Address:

1270 N. WICKHAM RD
SUITE 16-605
MELBOURNE, FL 32935

New Mailing Address:

FEI Number: 59-3690046

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ESCALERA, KRISTIE
2011 SIROCO LN
MELBOURNE, FL 32934 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: DP () Delete
Name: BELLAMY, BART
Address: 2082 SIROCO LANE
City-St-Zip: MELBOURNE, FL 32934

Title: DT () Delete
Name: ESCALERA, KRISTIE
Address: 2011 SIROCO LN
City-St-Zip: MELBOURNE, FL 32934

Title: DS () Delete
Name: HAWARAH, BRENDA
Address: 2132 SIROCO LN
City-St-Zip: MELBOURNE, FL 32934

Title: DV () Delete
Name: SHORT, PETER
Address: 2052 SIROCO LN
City-St-Zip: MELBOURNE, FL 32934

Title: D () Delete
Name: GAVIRIA, MARY
Address: 2112 SIROCO LN
City-St-Zip: MELBOURNE, FL 32934

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: KRISTIE ESCALERA

DT

02/22/2009

Electronic Signature of Signing Officer or Director

Date