2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 08, 2004 8:00 am Secretary of State 03-08-2004 90049 001 ****70.00

DOCUMENT # N0100 1. Entity Name WYNDSONG ESTATES HOM INC.			 0
Principal Place of Business	Mailing Address		
5000 T-REX AVENUE, STE 150	5000 T-REX AVENUE, STE 150)	

Principal Place of Business 5000 T-REX AVENUE, STE 150 BOCA RATON, FL 33431 2. Principal Place of Business Suite, Apt. #, etc. City & State Mailing Address 5000 T-REX AVENUE, STE 150 BOCA RATON, FL 33431 3. Mailing Address Suite, Apt. #, etc. City & State City & State	02172004 Chg-NP CR2E037 (10/03) 4. FEI Number O1 0750527
Suite, Apt. #, etc. Suite, Apt. #, etc.	02172004 Chg-NP CR2E037 (10/03) 4. FEI Number Applied For
	4. FEI Number Applied For
City & State City & State	04 0750507
	01-0750537 / Not Applicable
Zip Country Zip Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent Name	7. Name and Address of New Registered Agent
5000 T REX AVE., SUITE 150	P.O. Box Number is Not Acceptable)
BOCA RATON, FL 33431	FL Zip Code
 The above named entity submits this statement for the purpose of changing its registered office or register the obligations of registered agent. 	red agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	d when reinstaling) DATE
Filing Fee is \$61.25 Due by May 1, 2004 9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees Make check payable to Florida Department of State
	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE PD Delete TITLE NAME GRUNDT, BRUCE STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33431 TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	☐ Change ☐ Addition
TITLE VSD Delete TITLE NAME RUSSELL, HUGH NAME STREET ADDRESS 5000 T-REX AVENUE, STE 150 STREET ADDRESS	☐ Change ☐ Addition
CITY-ST-ZIP BOCA RATON, FL 33431 CITY-ST-ZIP	
TITLE TD Delete TITLE NAME COHEN, RICHARD STREET ADDRESS CITY-ST-ZIP BOCA-RATON, FL-33431 CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS	☐ Change ☐ Addition
CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Se indicated on this report or supplemental report is true and accurate and that my signature shall have the of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617.	ection 119.07(3)(i), Florida Statutes. I further certify that the information

or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my neth an address, with all other like empowered.

SON 6 ESTATES HOMEOWNERS ASSOCIATION, TNC.

S/2/o Y