

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004184

FILED  
Apr 23, 2008  
Secretary of State

**Entity Name:** WYNDHAM LAKES AT MEADOW WOODS MASTER HOMEOWNERS' ASSOCIATION, INC.

## Current Principal Place of Business:

LELAND MANAGEMENT  
8009 S ORANGE AVE  
ORLANDO, FL 32809

## New Principal Place of Business:

LELAND MANAGEMENT  
5955 T.G. LEE BLVD, SUITE 300  
ORLANDO, FL 32822

## Current Mailing Address:

C/O LELAND MANAGEMENT  
8009 S ORANGE AVE  
ORLANDO, FL 32809

## New Mailing Address:

C/O LELAND MANAGEMENT  
5955 T.G. LEE BLVD, SUITE 300  
ORLANDO, FL 32822

FEI Number: 57-1145557

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LELAND MANAGEMENT  
LELAND MANAGEMENT  
8009 S ORANGE AVE  
ORLANDO, FL 32809 US

## Name and Address of New Registered Agent:

LELAND MANAGEMENT  
5955 T.G. LEE BLVD,  
SUITE 300  
ORLANDO, FL 32822 US

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: VANESSA ADAMS

04/23/2008

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: ADAMS, VANESSA  
Address: 2069 WINDCREST CIRCLE  
City-St-Zip: ORLANDO, FL 32824

Title: VSTD ( ) Delete  
Name: ADAMS, KEVIN  
Address: 2125 WINDCREST CIRCLE  
City-St-Zip: ORLANDO, FL 32824

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: ADAMS, VANESSA  
Address: 2069 WINDCREST LAKE CIRCLE  
City-St-Zip: ORLANDO, FL 32824

Title: VP (X) Change ( ) Addition  
Name: ADAMS, KEVIN  
Address: 2125 WINDCREST LAKE CIRCLE  
City-St-Zip: ORLANDO, FL 32824

Title: S/T ( ) Change (X) Addition  
Name: COLON, ORLANDO  
Address: 14708 CEDAR BRANCH WAY  
City-St-Zip: ORLANDO, FL 32824

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: VANESSA ADAMS

PR

04/23/2008

Electronic Signature of Signing Officer or Director

Date