## **2004 NOT-FOR-PROFIT CORPORATION**

## **FILED** Feb 02, 2004 8:00 am Secretary of State 02-02-2004 90033 034 \*\*\*\*61.25

## **ANNUAL REPORT**

DOCUMENT # N02000005121  1. Entity Name								02-02-2004 90033 034 ****61.25				
WYNDHAM HEIGHTS PROFESSIONAL VILLAGE ASSOCIATION, INC.												
Principal Place of Business 2500 WESTON RD. STE. 220 WESTON, FL 33331				Mailing Address 2500 WESTON RD. STE. 220 WESTON, FL 33331				44006267				
2. Principal Pl 1545 N			3. Mailing Address 1545 N. Park Drive									
Suite, Apt. #, etc. Suite 104			Su	Suite, Apt. #, etc. Suite 104				01162004 Chg-NP CR2E037 (10/03)  4. FEI Number Applied Fol			Esa For	
City & State Weston, FL 33326			We	City & State Weston, FL 3332				4. FEI Number 51-04590	77		Not	Applicable
Zip 	·	Country	Zip		COL	ıntry 	-sec	5. Certificate of S	<u> </u>		\$8.75 Addi Fee Required	
6. Name and Address of Current Registered Agent								7. Name and Ad	dress of New I	Registered		
ROSEN, HARRY M 2500 WESTON RD.						Name Street Address (P.O. Box Number is Not Acceptable)						
STE. 220											<u>:3</u>	
WESTON, FL 33331						City FL Zip Code						
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.												
SIGNATURE												
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE												
Filing Fee Is \$61.25  Due by May 1, 2004  9. Election Campaign I Trust Fund Contribut								\$5.00 May Be Added to Fees			k payable to timent of St	
10.	OFFICERS AND DIRECTORS 1							ADDITIONS/CHAN	GES TO OFFIC	ERS AND D		
TITLE No.						.E VIE					☐ Change	☐ Addition
STREET ADDRESS 2400 N COMMERCE PRWY #108— CITY-ST-ZIP WESTON, FL 33326						IEET ADDRESS Y-ST-ZIP		5 N. Park ton, FL 33		Suite	104	
TITLE	DS	TITL						Change	☐ Addition			
NAME STREET ADDRESS CITY-ST-ZIP	1 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					ME . Reet adoress Y-St-Zip		5 N. Park		Suite	104	
TITLE						LE	wes	ston, FL 3	3320	<u>.</u>	☐ Change	☐ Addition
NAME STREET ADDRESS	BERNAL, LUCIO NAI					VIE REET ADDRESS	- 15	45 N. Park	Drive,	Suite	104	
CITY-ST-ZIP								ston, FL 3				
TITLE NAME				Delete	TITI NA!						Change	☐ Addition
STREET ADDRESS					STF	REET ADDRESS						
TITLE				☐ Delete	TITI						☐ Change	Addition
NAME STREET ADDRESS					NAI STE	ME Reet address						
CITY-ST-ZIP				·		Y-ST-ZIP						
TITLE NAME				☐ Delete	TIT NAI						☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP			$\cap$		STI	REET ADDRESS IY-ST-ZIP						
12. I hereby indicated of the co	certify that the control on this reportation or	ne information supplied wort or supplemental report the receiver or trustee en	rith this filing	does not qualify faccurate and that execute this report			ted in Se ave the apter 61	ection 119.07(3)(i), same legal effect a 7, Florida Statutes;	Florida Statutes s if made unde and that my na	s. I further ce ir oath; that I me appears	ertify that the in am an officer in Block 10 or	nformation or director r Block 11 if
12. I hereby certify that the information supplied with finis (illing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplymental reported hugend 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 trusted enjoywered 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 an other like empowered.  SIGNATURE:												
SIGNAT	IUKE:	SIGNATURE AND TYPED O	R PRINTED NA	NE OF SIGNING OFFICE	R OR DIREC	CTOR			71 109	757	Daytime Phone #	<u>'U</u>