

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90159 045 ****61.25

DOCUMENT # N04000011386

1. Entity Name
**WYNDSONG ISLES ESTATES HOMEOWNERS
ASSOCIATION, INC.**



Principal Place of Business
**5000 T REX AVENUE
SUITE 150
BOCA RATON, FL 33431**

Mailing Address
**5000 T REX AVENUE
SUITE 150
BOCA RATON, FL 33431**

DO NOT WRITE IN THIS SPACE



04112006 No Chg-NP CR2E037 (11/05)

4. FEI Number
52-2448349

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**ROTHMAN, FRED B
5000 T REX AVENUE
SUITE 150
BOCA RATON, FL 33431**

**DO NOT WRITE
IN THIS SPACE**

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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
ALEXANDER, JEFFREY
50000 T-REX AVENUE, SUITE 150
BOCA RATON, FL 33431**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VTD
COHEN, RICHARD
50000 T-REX AVENUE, SUITE 150
BOCA RATON, FL 33431**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
JOSEPH, SUSAN
50000 T-REX AVENUE, SUITE 150
BOCA RATON, FL 33431**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature] - VP - Wyndsong Isles Estate Homeowners Association, Inc. 4/26/06 (561) 988-9200

ATTACHMENT
40077787

5000 T-Rex Avenue, Suite 150
Boca Raton, FL 33431
Tel: (561) 998-9200 Fax: (561) 998-7882

VIA CERTIFIED MAIL – 7006 0100 0002 3717 5894

April 27, 2006

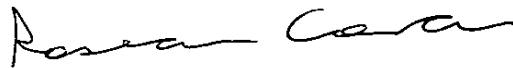
Florida Department of State
Division of Corporations
PO Box 6478
Tallahassee, FL 32314

RE: Annual Report - 2006

Enclosed, please find the below listed entities payment(s) for the annual report, as follows:

<u>Entity</u>	<u>Document #</u>	<u>Payment</u>
Wyndsong Isle Estates Homeowners Association, Inc	L05000031694	\$ 61.25

Very truly yours,



Roseann Coraci