


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90040 041 \*\*\*\*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**



01092007 No Chg-NP CR2E037 (4/06)

4. FEI Number 52-2448349	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

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

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	

**DO NOT WRITE 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]* VP - Wyndsong Isles Estate Homeowners Assoc. Inc  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/07 (60) 998-9200