

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90021 029 ****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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 52-2448349	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ROTHMAN, FRED B 5000 T REX AVENUE SUITE 150 BOCA RATON, FL 33431			Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE RD <input checked="" type="checkbox"/> Delete	NAME ALEXANDER, JEFFREY		TITLE President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME Zalman Kossowsky	
STREET ADDRESS 50000 T-REX AVENUE, SUITE 150	CITY-ST-ZIP BOCA RATON, FL 33431		STREET ADDRESS 10289 Isle Wynd Ct	CITY-ST-ZIP Boca Raton Beach FL 33437	
TITLE VTD <input checked="" type="checkbox"/> Delete	NAME COHEN, RICHARD		TITLE Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME Crystal Matthews	
STREET ADDRESS 50000 T-REX AVENUE, SUITE 150	CITY-ST-ZIP BOCA RATON, FL 33431		STREET ADDRESS 10169 Isle Wynd Ct	CITY-ST-ZIP Boca Raton Beach FL 33437	
TITLE SD <input checked="" type="checkbox"/> Delete	NAME JOSEPH, SUSAN		TITLE Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME Louis Forest	
STREET ADDRESS 50000 T-REX AVENUE, SUITE 150	CITY-ST-ZIP BOCA RATON, FL 33431		STREET ADDRESS 10289 Isle Wynd Ct	CITY-ST-ZIP Boca Raton Beach FL 33437	
TITLE <input type="checkbox"/> Delete	NAME 		TITLE Secy <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME Dorant Howatt	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 10166 Isle Wynd Ct	CITY-ST-ZIP Boca Raton Beach FL 33437	
TITLE <input type="checkbox"/> Delete	NAME 		TITLE At large <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME Dale Hochstein	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 10255 Isle Wynd Ct	CITY-ST-ZIP Boca Raton Beach FL 33437	
TITLE <input type="checkbox"/> Delete	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
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:			2/12/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
TREASURER			561-738-7772		
Daytime Phone #					