

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26041

FILED
Feb 21, 2005
Secretary of State

Entity Name: WYNDHAM WOODS HOMEOWNERS, INC.

Current Principal Place of Business:

MICHAEL REED
320 WYNDHAM WAY
CASSELBERRY, FL 32707

New Principal Place of Business:

Current Mailing Address:

MICHAEL REED
320 WYNDHAM WAY
CASSELBERRY, FL 32707

New Mailing Address:

FEI Number: 59-3110955 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REED, MICHAEL
320 WYNDHAM WAY
CASSELBERRY, FL 32707 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BUSH, JEFFREY
Address: 417 RANCH TRAIL
City-St-Zip: CASSELBERRY, FL 32707

Title: SD () Delete
Name: RATH, VICKIE
Address: 424 BRIDLE PATH
City-St-Zip: CASSELBERRY, FL 32707

Title: VD () Delete
Name: LANDER, HANK
Address: 445 SURREY RUN
City-St-Zip: CASSELBERRY, FL 32707

Title: TD () Delete
Name: REED, MICHAEL
Address: 302 WYNDHAM WAY
City-St-Zip: CASSELBERRY, FL 32707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: BUSH, JEFFREY
Address: 417 RANCH TRAIL
City-St-Zip: CASSELBERRY, FL 32707

Title: PD (X) Change () Addition
Name: RATH, VICKIE
Address: 424 BRIDLE PATH
City-St-Zip: CASSELBERRY, FL 32707

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MICHAEL REED

TD

02/21/2005

Electronic Signature of Signing Officer or Director

_____ Date