FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
1995 MAR 16 AM 11:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N32940

1. Corporation Name
WYNDHAM LAKES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business
C/O STERLING MANAGEMENT
1301 SEMINOLE BLVD
SUITE 172
LARGO, FLORIDA 34640

Mailing Address
SAME

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 6/22/89
3a. Date of Last Report: 5/17/94
4. FEI Number: 59-2970884 — Applied For / Not Applicable

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
C/O STERLING MANAGEMENT,
1301 SEMINOLE BLVD.
SUITE 172
LARGO, FLORIDA 34640

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City
FL
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE [signature] DARREN SHAW — 3/03/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D.P. JACK FESS
NAME	
STREET ADDRESS	S.R. 54 & SCARBOROUGH DR.
CITY-ST-ZIP	WESLEY CHAPEL, FLORIDA 33544
TITLE	D.V.P.
NAME	FRED BURCAW
STREET ADDRESS	S.R. 54 & SCARBOROUGH DR.
CITY-ST-ZIP	WESLEY CHAPEL, FLORIDA 33544
TITLE	D.T. EDWARD LYONS
NAME	
STREET ADDRESS	S.R. 54 & SCARBOROUGH DR.
CITY-ST-ZIP	WESLEY CHAPEL, FLORIDA 33544
TITLE	D.S.
NAME	ROBER HUBBARD
STREET ADDRESS	8806 WYNDBROOK COURT
CITY-ST-ZIP	ODESSA, FLORIDA 33556
TITLE	D.
NAME	Kelly Riggs
STREET ADDRESS	19625 WYNDHAM LAKES DR.
CITY-ST-ZIP	ODESSA, FLORIDA 33556
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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-03/20/95--01046--012
*****130.00 *****130.00

TAW
3/16/95

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] — 2/20/95 (813) 973-2553
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JACK FESS