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FILE NOW: FILING FEE IS \$61.25

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97 FEB -4 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N32940

(1)

1. Corporation Name

WYNDHAM LAKES HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business	Mailing Address
C/O STERLING MANAGEMENT 1301 SEMINOLE BLVD., SUITE 172 LARGO FL 34640 US	C/O STERLING MANAGEMENT 1301 SEMINOLE BLVD., SUITE 172 LARGO FL 33770-8113 US

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 06/22/1989	3a. Date of Last Report 02/07/1996
4. FEI Number 59-2970884	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
STERLING MANAGEMENT 1301 SEMINOLE BLVD., SUITE 172 LARGO FL 34640	

10. Name and Address of New Registered Agent	
81 Name	STERLING FIN. & MGMT., INC.
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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	PD
NAME	FESS, JACK
STREET ADDRESS	SR 54 & SCARBOROUGH DR
CITY-ST-ZIP	WESLEY CHAPEL FL
TITLE	VD
NAME	BURCAN, FRED
STREET ADDRESS	SR 54 SCARBROUGH DR
CITY-ST-ZIP	WESLEY CHAPEL FL
TITLE	T
NAME	TAYLOR, ALAN
STREET ADDRESS	P O BOX 7078
CITY-ST-ZIP	WESLEY CHAPEL FL
TITLE	S
NAME	MCKAY, RENE
STREET ADDRESS	19802 LALA OSCEOLA
CITY-ST-ZIP	ODESSA FL
TITLE	D
NAME	DUTY, BLAKA
STREET ADDRESS	19701 WYNDMILL CIR
CITY-ST-ZIP	ODESSA FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	V.D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BURCAN, FRED
2.3 STREET ADDRESS	SR. 54 SCARBOROUGH DR.
2.4 CITY-ST-ZIP	WESLEY CHAPEL, FLORIDA 33556
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Jim Ansell
4.3 STREET ADDRESS	6605 Windward Court
4.4 CITY-ST-ZIP	ODESSA, FLORIDA 33556
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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

CP2E037 (9/96)

Bank Dep. \$70.00

913-559-0400