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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N32940

1. Corporation Name

WYNDHAM LAKES HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

C/O STERLING MANAGEMENT
 1301 SEMINOLE BLVD., SUITE 172
 LARGO FL 34640
 US

Mailing Address

C/O STERLING MANAGEMENT
 1301 SEMINOLE BLVD., SUITE 172
 LARGO FL 34640
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

06/22/1989

4. FEI Number

59-2970884

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Election Campaign Financing
 Trust Fund Contribution ☐

\$5.00 May Be
 Added to Fees

9. Name and Address of Current Registered Agent

STERLING FIN. & MGMT., INC.
 1301 SEMINOLE BLVD., SUITE 172
 LARGO FL 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 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 33556

TITLE T
 NAME TAYLOR, ALAN
 STREET ADDRESS P O BOX 7078
 CITY-ST-ZIP WESLEY CHAPEL FL

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President
 1.2 NAME Jack Fess
 1.3 STREET ADDRESS P.O. Box 7078
 1.4 CITY-ST-ZIP Wesley Chapel, FL 33543

2.1 TITLE V.P.
 2.2 NAME Fred Burcan
 2.3 STREET ADDRESS P.O. Box 7078
 2.4 CITY-ST-ZIP Wesley Chapel, FL 33543

3.1 TITLE Treasurer
 3.2 NAME Alan Taylor
 3.3 STREET ADDRESS P.O. Box 7078
 3.4 CITY-ST-ZIP Wesley Chapel, FL 33543

4.1 TITLE Director
 4.2 NAME Hunter Wiley
 4.3 STREET ADDRESS 19403 Wyndham Circle
 4.4 CITY-ST-ZIP Odessa Florida 33556

5.1 TITLE Director
 5.2 NAME Thom Conway
 5.3 STREET ADDRESS 19828 Wyndham Lakes Drive
 5.4 CITY-ST-ZIP Odessa, Florida 33556

6.1 TITLE
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. I 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 with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-99

Date

727 559-0400

Daytime Phone #

CR2E037 (11/98)