

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 26, 2000 8:00 am  
Secretary of State

01-26-2000 90018 039 \*\*\*\*61.25

DOCUMENT # N32940

1. Entity 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

3. Mailing Address

2880 SCHERER DR

2880 SCHERER DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

840

840

City & State

City & State

ST. PETE, FL

ST. PETE, FL

Zip

Country

Zip

Country

33716

USA

33716

USA

4. FEI Number

59-2970884

Applied For

Not Applied

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARK S. STOOBS

Name

STERLING FIN. & MGMT., INC.  
1301 SEMINOLE BLVD., SUITE 172  
LARGO FL 34640

Sterling Management, Inc.  
2880 Scherer Drive, Suite 840  
St. Petersburg, Florida 33716

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	FESS, JACK	
STREET ADDRESS	P.O. BOX 7078	
CITY-ST-ZIP	WESLEY CHAPEL FL 33543	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	BURCAN, FRED	
STREET ADDRESS	P.O. BOX 7078	
CITY-ST-ZIP	WESLEY CHAPEL FL 33543	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	TAYLOR, ALAN	
STREET ADDRESS	P.O. BOX 7078	
CITY-ST-ZIP	WESLEY CHAPEL FL 33543	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WILEY, HUNTER	
STREET ADDRESS	19403 WYNDMILL CIRCLE	
CITY-ST-ZIP	ODESSA FL 33556	
TITLE	P	<input type="checkbox"/> Delete
NAME	CONWAY, THOM	
STREET ADDRESS	19828 WYNDHAM LAKES DR	
CITY-ST-ZIP	ODESSA FL 33556	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CORRENO, JOE	
STREET ADDRESS	19703 SPRING WILLOW CT.	
CITY-ST-ZIP	ODESSA, FL 33556	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ADKINSON, DONNA	
STREET ADDRESS	19620 WYNDHAM LAKES DR.	
CITY-ST-ZIP	ODESSA, FL 33556	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUBBARD, RODGER	
STREET ADDRESS	8806 WYND BROOK CT.	
CITY-ST-ZIP	ODESSA, FL 33556	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CONRAD, JOHN	
STREET ADDRESS	19824 WYNDHAM LAKES	
CITY-ST-ZIP	ODESSA, FL 33556	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARTING, BOB	
STREET ADDRESS	19708 WYNDCLIFF DR.	
CITY-ST-ZIP	ODESSA, FL 33556	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/17/2000 7272999555