

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N32940

1. Entity Name

WYNDHAM LAKES HOMEOWNERS' ASSOCIATION, INC.

FILED
Apr 07, 2002 8:00 am
Secretary of State

04-07-2002 90041 046 ****61.25

0087513

Principal Place of Business
C/O COMMUNITY MGMT SVCS INC
8056 OLD C R 54
NEW PORT RICHEY FL 34653
US

Mailing Address
8056 OLD C R 54
NEW PORT RICHEY FL 34653
US

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2970884**
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, KIM
C/O COMMUNITY MGMT SVCS INC
8056 OLD C R 54
NEW PORT RICHEY FL 34653

7. Name and Address of New Registered Agent

Name
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	PD	<input checked="" type="checkbox"/> Delete
NAME	HARTING, BOB	
STREET ADDRESS	19708 WYNDCLIFF DRIVE	
CITY-ST-ZIP	ODESSA FL 33556	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUBBARD, ROGER	
STREET ADDRESS	8806 WYNDBROOK COURT	
CITY-ST-ZIP	ODESSA FL 33556	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ADKISON, DONNA	
STREET ADDRESS	19620 WYNDHAM LAKES DRIVE	
CITY-ST-ZIP	ODESSA FL 33556	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CONRAD, JOHN	
STREET ADDRESS	19824 WYNDHAM LAKES DRIVE	
CITY-ST-ZIP	ODESSA FL 33556	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	CONWAY, TOM	
STREET ADDRESS	19828 WYNDHAM LAKES DRIVE	
CITY-ST-ZIP	ODESSA FL 33556	
TITLE	D	<input type="checkbox"/> Delete
NAME	SAWYER, CHERYL	
STREET ADDRESS	5550 COOK STREET	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652-5510	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Oscar Cunningham	
STREET ADDRESS	8604 Wildwynd Court	
CITY-ST-ZIP	Odessa, FL 33556	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James Best	
STREET ADDRESS	1149 Wyndham Lakes Drive	
CITY-ST-ZIP	Odessa, FL 33556	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Florence Duchnowski	
STREET ADDRESS	1143 Wyndham Lakes Drive	
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: Oscar Cunningham 26 March 2002 (787) 375-9880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)