

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90674 037 ****61.25

DOCUMENT # N32940

1. Entity Name
WYNDHAM LAKES HOMEOWNERS' ASSOCIATION, INC.



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01152004

Chg-NP

CR2E037 (10/03)

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

7. Name and Address of New Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **WISCHMANN, LOUIS**
STREET ADDRESS **19520 LAKE OSCEOLA LN**
CITY-ST-ZIP **ODESSA, FL 33556**

TITLE **PD** ☒ Change ☐ Addition
NAME **Louis Wischmann**
STREET ADDRESS **19520 Lake Osceola Lane**
CITY-ST-ZIP **Odessa, FL 33556**

TITLE **D** ☐ Delete
NAME **HUBBARD, ROGER**
STREET ADDRESS **8806 WYNDBROOK COURT**
CITY-ST-ZIP **ODESSA, FL 33556**

TITLE **VPD** ☒ Change ☐ Addition
NAME **Rodger Hubbard**
STREET ADDRESS **8806 Wyndbrook Court**
CITY-ST-ZIP **Odessa, FL 33556**

TITLE **SD** ☐ Delete
NAME **GATES, CATHERINE**
STREET ADDRESS **19919 WYNDMILL CIRCLE**
CITY-ST-ZIP **ODESSA, FL 33556**

TITLE **D** ☒ Change ☐ Addition
NAME **Catherine Gates**
STREET ADDRESS **19919 Wyndmill Circle**
CITY-ST-ZIP **Odessa, FL 33556**

TITLE **SD** ☐ Delete
NAME **JARVIS, DONNA**
STREET ADDRESS **19935 WYNDMILL CIRCLE**
CITY-ST-ZIP **ODESSA, FL 33556**

TITLE **D** ☐ Change ☒ Addition
NAME **Robert Voit**
STREET ADDRESS **9003 Tarawynd Court**
CITY-ST-ZIP **Odessa, FL 33556**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **Dwayne Jotch**
STREET ADDRESS **19508 Lake Osceola Lane**
CITY-ST-ZIP **Odessa, FL 33556**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Change ☒ Addition
NAME **Lloyd Zweben**
STREET ADDRESS **19701 Wyndcliff Drive**
CITY-ST-ZIP **Odessa, FL 33556**

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: *Louis Wischmann* **Louis Wischmann** 4-7-04 727-375-9880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #