


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90535 023 ****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	4. FEI Number 59-2970884	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	WISCHMANN, LOUIS		NAME	D	
STREET ADDRESS	19520 LAKE OSCEOLA LN		STREET ADDRESS	Donna Gilfilan-Letts	
CITY-ST-ZIP	ODESSA, FL 33556		CITY-ST-ZIP	13818 Chandron Drive	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	HUBBARD, ROGER		NAME	Robert Voit	
STREET ADDRESS	8806 WYNDBROOK COURT		STREET ADDRESS	9003 Tarawynd Ct	
CITY-ST-ZIP	ODESSA, FL 33556		CITY-ST-ZIP	Odessa, FL 33556	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	GATES, CATHERINE		NAME	VP	
STREET ADDRESS	19919 WYNDMILL CIRCLE		STREET ADDRESS	19919 WYNDMILL CIRCLE	
CITY-ST-ZIP	ODESSA, FL 33556		CITY-ST-ZIP	ODESSA, FL 33556	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JARVIS, DONNA		NAME	D	
STREET ADDRESS	19935 WYNDMILL CIRCLE		STREET ADDRESS	Lloyd Zweben	
CITY-ST-ZIP	ODESSA, FL 33556		CITY-ST-ZIP	ODESSA, FL 33556	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ZWEBEN, LLOYD		NAME	Lloyd Zweben	
STREET ADDRESS	19701 WYNDCLIFF DRIVE		STREET ADDRESS	19701 WYNDCLIFF DRIVE	
CITY-ST-ZIP	ODESSA, FL 33556		CITY-ST-ZIP	ODESSA, FL 33556	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JOTCH, DWAYNE		NAME	D	
STREET ADDRESS	19508 LAKE OSCEOLA LANE		STREET ADDRESS	19508 LAKE OSCEOLA LANE	
CITY-ST-ZIP	ODESSA, FL 33556		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: <i>Louis Wischmann</i> <i>W L HOA President</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small> _____ <small>Daytime Phone #</small> _____					

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