

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90418 026 ****61.25

DOCUMENT # N32940 1. Entity Name WYNDHAM LAKES HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business C/O COMMUNITY MGMT SVCS INC 5609 US 19 SUITE E NEW PORT RICHEY, FL 34652 US			Mailing Address C/O COMMUNITY MGMT SVCS INC 5609 US 19 SUITE E NEW PORT RICHEY, FL 34652 US		
2. Principal Place of Business 5609 US 19		3. Mailing Address 5609 US 19			
Suite, Apt. #, etc. Suite E		Suite, Apt. #, etc. Suite E			
City & State New Port Richey, FL		City & State New Port Richey, FL			
Zip 34652		Country USA		4. FEI Number 59-2970884	
5. Certificate of Status Desired <input type="checkbox"/>		\$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 Community Management Street Address (P.O. Box Number is Not Acceptable) 5609 US 19 Suite E City New Port Richey FL Zip Code 34652		
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, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	PD WISCHMANN, LOUIS 19520 LAKE OSCEOLA LN ODESSA, FL 33556 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Tom Traina 13819 Chandron Dr. Odessa, FL 33556 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VP GILFILAN-LETTIS, DONNA 13818 CHANDRON DRIVE ODESSA, FL 33556 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mike Fischen 13923 Chandron Dr. Odessa, FL 33556 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D S GATES, CATHERINE 19919 WYNDMILL CIRCLE ODESSA, FL 33556 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jorge Barrios 13930 Chandron Dr. Odessa, FL 33556 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VOIT, ROBERT 9003 TARAWYND CT ODESSA, FL 33556 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gerald Buhr 1015 Wyndham Lakes Dr. Odessa, FL 33556 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZWEBEN, LLOYD 19701 WYNDCLIFF DRIVE ODESSA, FL 33556 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date _____ Daytime Phone # _____					