2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State
05-01-2007 90023 010 ****61.25

DOCUMENT # N32940

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

Principal Place of Business	Mailing Address
5609 US 19 SUITE E NEW PORT RICHEY, FL 34652 US	5609 US 19 SUITE E NEW PORT RICHEY, FL 34652 US

01092007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
5609 US19	5609 US 19
Suite, Apt. #, etc.: Suite E	Suite, Apt. #, etc.: Suite E
City & State: New Port Richey	City & State: New Port Richey
Zip: 34652 Country: USA	Zip: 34652 Country: USA

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

COMMUNITY MANAGEMENT
5609 US 19
SUITE E
NEW PORT RICHEY, FL 34652

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: [signature] Agent 4/27/07
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, 2007

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WISCHMANN, LOUIS 19520 LAKE OSCEOLA LN ODESSA, FL 33556	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GILFILAN-LETTS, DONNA 13818 CHANDRON DRIVE ODESSA, FL 33556	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GATES, CATHERINE 19919 WYNDMILL CIRCLE ODESSA, FL 33556	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Cynthia Spidell 13841 Chandron Dr. Odessa, FL 33556	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BUHR, GERALD 1015 WYNDHAM LAKES DR ODESSA, FL 33556	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD TRAINA, TOM 13819 CHANDRON DR ODESSA, FL 33556	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	John Carter 19822 wyndram lakes Dr. Odessa, FL 33556	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FISCHER, MIKE 13923 CHANDRON DR ODESSA, FL 33556	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T D	☒ Change ☐ 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: [signature] 4-27-07 7278695500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #