

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47707

FILED
Feb 26, 2008
Secretary of State

Entity Name: VILLAGES OF WYNDEMERE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

98 WYNDEMERE WAY
NAPLES, FL 34105 US

New Principal Place of Business:

Current Mailing Address:

98 WYNDEMERE WAY
NAPLES, FL 34105 US

New Mailing Address:

FEI Number: 65-0325865

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FAUSNIGHT, MARYJO
98 WYNDEMERE WAY
NAPLES, FL 34105 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: KENNY, JIM
Address: 496 EDGEEMERE WAY E #101
City-St-Zip: NAPLES, FL 34105

Title: DSTV () Delete
Name: WITHERS, RICHARD
Address: 496 EDGEEMERE WAY E #201
City-St-Zip: NAPLES, FL 34105

Title: D () Delete
Name: MC ELWAIN, ROBERT
Address: 486 EDGEEMERE WAY E. #102
City-St-Zip: NAPLES, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: KENNY, JIM
Address: 496 EDGEEMERE WAY E #101
City-St-Zip: NAPLES, FL 34105 US

Title: STD (X) Change () Addition
Name: MC ELWAIN, ROBERT
Address: 486 EDGEEMERE WAY E #102
City-St-Zip: NAPLES, FL 34105 US

Title: VD (X) Change () Addition
Name: BRADBURY, MAUREEN
Address: 486 EDGEEMERE WAY E. #201
City-St-Zip: NAPLES, FL 34105 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JIM KENNY

PD

02/26/2008

Electronic Signature of Signing Officer or Director

Date