

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Apr 18, 2008 8:00 am  
Secretary of State**

04-18-2008 90036 050 \*\*\*\*61.25

|   |  |   |
|---|--|---|
| <b>DOCUMENT # N95000001319</b>  |  |  |
| 1. Entity Name<br><b>PARK PLACE AT WYNDHAM LAKES HOMEOWNERS ASSOCIATION, INC.</b> |  |   |

|   |  |
|---|--|
| Principal Place of Business<br><b>953 UNIVERSITY DRIVE<br/>CORAL SPRINGS, FL 33071 US</b> | Mailing Address<br><b>PO BOX 8726<br/>CORAL SPRINGS, FL 33065 US</b> |
|---|--|

|  |                     |
|--|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address  |
| Suite, Apt. #, etc.                            | Suite, Apt. #, etc. |
| City & State                                   | City & State        |
| Zip  | Country             |

|  |  |  |                |
|--|--|--|----------------|
| 6. Name and Address of Current Registered Agent  |  | 7. Name and Address of New Registered Agent              |                |
| <b>INTEGRITY PROPERTY MGMT<br/>C/O CYNTHIA WHITTLE<br/>953 UNIVERSITY DR<br/>CORAL SPRINGS, FL 33071</b> |  | Name _____   |                |
|  |  | Street Address (P.O. Box Number is Not Acceptable) _____ |                |
|  |  | City _____   |                |
|  |  | <b>FL</b>  | Zip Code _____ |

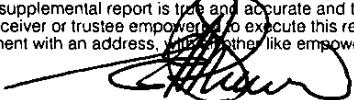
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|   |  |   |
|---|--|---|
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2008</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be<br>Added to Fees | Make check payable to<br><b>Florida Department of State</b> |
|---|--|---|

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PSD<br>GROSSMAN, RANDI<br>4960 NW 115TH WAY<br>CORAL SPRGS, FL 33076   | <input checked="" type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P D<br>Eric Shaw<br>4959 NW 115 <sup>th</sup> Way<br>Coral Springs, FL 33076       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>BRUNETTO, ANTHONY<br>4910 NW 115TH WAY<br>CORAL SPRGS, FL 33076 | <input checked="" type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V D<br>Duncan Foster<br>4930 NW 115 <sup>th</sup> Way<br>Coral Springs, FL 33076   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>MATARAZZO, LOUIS<br>4963 NW 116TH AVE<br>CORAL SPRINGS, FL 33076  | <input checked="" type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T D<br>John McCauley<br>11523 NW 51 <sup>st</sup> Place<br>Coral Springs, FL 33076 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S D<br>Ken Saunders<br>11515 NW 51 <sup>st</sup> Place<br>Coral Springs, FL 33076  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>Medhi Rahemi<br>11533 NW 49 <sup>th</sup> Ct.<br>Coral Springs, FL 33076      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete                       | TITLE<br>NAME<br>STREET ADDRESS<br>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, which is other like empowered.

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/08 9:54  
Date 346-0677  
Daytime Phone #