

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2006 8:00 am**  
**Secretary of State**

03-07-2006 90003 028 \*\*\*\*61.25

<b>DOCUMENT # N95000003500</b>					
<b>1. Entity Name</b> MAYFAIR AT WYNDHAM LAKES HOMEOWNERS' ASSOCIATION, INC.					
<b>Principal Place of Business</b> INTEGRITY PROPERTY MGT 953 UNIVERSITY DR CORAL SPRINGS, FL 33071 US			<b>Mailing Address</b> INTEGRITY PROPERTY MGT P O BOX 8726 CORAL SPRINGS, FL 33075 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 65-0771603	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  WHITLE, CYNTHIA 453 UNIVERSITY DR. CORAL SPRINGS, FL 33071			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	D NIRENBERG, DAVID 5342 NW 126TH CORAL SPRINGS, FL 33076	<input type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	DT BROGAN, JIM 5331 NW 125TH AVENUE CORAL SPRINGS, FL 33076	<input type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	DP BARVELS, DENNIS 12556 NW 53RD ST CORAL SPRINGS, FL 33076	<input type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	DV FILSAIME, HOMER JR 12574 NW 53 ST CORAL SPRINGS, FL 33076	<input type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
<b>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.</b>					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		3/2/06		954-260-7488	
<small>Date</small>		<small>Daytime Phone #</small>			