# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # N95000003500**

**1.** Entity Name
MAYFAIR AT WYNDHAM LAKES HOMEOWNERS' ASSOCIATION, INC.

40016494

| Principal Place of Business | Mailing Address |
|---|---|
| INTEGRITY PROPERTY MGT | INTEGRITY PROPERTY MGT |
| 953 UNIVERSITY DR | P O BOX 8726 |
| CORAL SPRINGS, FL 33071  US | CORAL SPRINGS, FL 33075  US |

01152007    Chg-NP    CR2E037 (12/06)

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

**4.** FEI Number
65-0771603
Applied For
Not Applicable

**5.** Certificate of Status Desired ☐   **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| WHITLE, CYNTHIA<br>453 UNIVERSITY DR.<br>CORAL SPRINGS, FL 33071 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City  FL  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

**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 | D | ☐ Delete | TITLE | ☐ Change | ☐ Addition |
| NAME | NIRENBERG, DAVID | | NAME | | |
| STREET ADDRESS | 5342 NW 126TH | | STREET ADDRESS | | |
| CITY-ST-ZIP | CORAL SPRINGS, FL 33076 | | CITY-ST-ZIP | | |
| TITLE | DT | ☐ Delete | TITLE | ☐ Change | ☐ Addition |
| NAME | BROGAN, JIM | | NAME | | |
| STREET ADDRESS | 5331 NW 125TH AVENUE | | STREET ADDRESS | | |
| CITY-ST-ZIP | CORAL SPRINGS, FL 33076 | | CITY-ST-ZIP | | |
| TITLE | DP | ☐ Delete | TITLE | ☐ Change | ☐ Addition |
| NAME | BARVELS, DENNIS | | NAME | | |
| STREET ADDRESS | 12556 NW 53RD ST | | STREET ADDRESS | | |
| CITY-ST-ZIP | CORAL SPRINGS, FL 33076 | | CITY-ST-ZIP | | |
| TITLE | DV | ☐ Delete | TITLE | ☐ Change | ☐ Addition |
| NAME | FILSAIME, HOMER  JR | | NAME | | |
| STREET ADDRESS | 12574 NW 53 ST | | STREET ADDRESS | | |
| CITY-ST-ZIP | CORAL SPRINGS, FL 33076 | | CITY-ST-ZIP | | |
| TITLE | | ☐ Delete | TITLE | ☐ Change | ☐ Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | ☐ Delete | TITLE | ☐ Change | ☐ Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |

**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: _____ David Nirenberg   2/12/07   954 344 0677

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #