

FILED
Feb 28, 2008 8:00 am
Secretary of State

40034341

DOCUMENT # N95000003500

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

Principal Place of Business
SWIFT MANAGEMENT SOLUTIONS, INC.
1750 UNIVERSITY DRIVE #205
CORAL SPRINGS, FL 33071 US

Mailing Address
SWIFT MANAGEMENT SOLUTIONS, INC.
1750 UNIVERSITY DRIVE #205
CORAL SPRINGS, FL 33071 US

2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

City & State

ZipCountry

3. Mailing Address

Suite, Apt. #, etc.

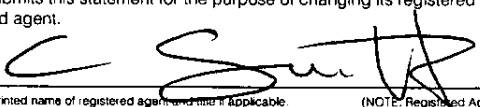
City & State

ZipCountry

6. Name and Address of Current Registered Agent
WHITLE, CYNTHIA
453 UNIVERSITY DR.
CORAL SPRINGS, FL 33071

7. Name and Address of New Registered Agent
Name
Chuck & Nicole Swift
Street Address (P.O. Box Number is Not Acceptable)
Swift Management Solutions, Inc.
1750 University Drive #205
CityCoral SpringsFLZip Code33071

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, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make check payable to
Florida Department of State

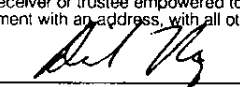
10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NIRENBERG, DAVID	
STREET ADDRESS	5342 NW 126TH	
CITY-ST-ZIP	CORAL SPRINGS, FL 33076	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	BROGAN, JIM	
STREET ADDRESS	5331 NW 125TH AVENUE	
CITY-ST-ZIP	CORAL SPRINGS, FL 33076	
TITLE	DP	<input type="checkbox"/> Delete
NAME	BARVELS, DENNIS	
STREET ADDRESS	12556 NW 53RD ST	
CITY-ST-ZIP	CORAL SPRINGS, FL 33076	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	FILSAIME, HOMER JR	
STREET ADDRESS	12574 NW 53 ST	
CITY-ST-ZIP	CORAL SPRINGS, FL 33076	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nirenberg, David	
STREET ADDRESS	5342 NW 126th Avenue	
CITY-ST-ZIP	Coral Springs, FL 33076	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Russo, Susan	
STREET ADDRESS	5341 NW 123rd Terrace	
CITY-ST-ZIP	Coral Springs, FL 33076	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nallimo, Rose	
STREET ADDRESS	12334 NW 51th Court	
CITY-ST-ZIP	Coral Springs, FL 33076	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Herny, Paul	
STREET ADDRESS	5300 NW 126th Drive	
CITY-ST-ZIP	Coral Springs, FL 33076	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:  2/20/08 954-260-7923
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #