

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 08, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N95000004744**

1. Entity Name  
**WYNDHAM AT LAKE WINTERSET HOMEOWNERS'  
ASSOCIATION, INC.**



Principal Place of Business  
**154 WYNDHAM DR  
WINTER HAVEN, FL 33884**

Mailing Address  
**154 WYNDHAM DR  
WINTER HAVEN, FL 33884**



06292005 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3370285**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**LOCKE, CARL E JR  
116 WYNDHAM DR.  
WINTER HAVEN, FL 33884**

**DO NOT WRITE  
IN THIS SPACE**

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**EBM  
RAJARATNAM, RAJ  
132 WYNDHAM DR  
WINTER HAVEN, FL 33884**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
WEEDER, MARK  
101 WYNDHAM DR  
WINTER HAVEN, FL 33884**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
PEARCE, BRIAN  
140 WYNDHAM DR  
WINTER HAVEN, FL 33884**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
LOCKE, CARL E JR.  
116 WYNDHAM DRIVE  
WINTER HAVEN, FL 33884**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPD  
SHAH, ASHISH  
103 WYNDHAM DR  
WINTER HAVEN, FL 33884**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**EBM  
VILLARREAL, JORGE  
130 WYNDHAM DR  
WINTER HAVEN, FL 33884**

100000371470  
07/08/05-80004-004 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**6/29/05 863-559-0938**