

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

APPROVED
AND
FILED

1997 OCT 17 PM 2: 52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000000546 (9)

1. Corporation Name

PARK PLACE AT WYNDHAM LAKES ASSOCIATION, INC.

Principal Place of Business

Mailing Address

5025 NORTHWEST 115TH TERRACE
CORAL SPRINGS FL 33076

5025 NORTHWEST 115TH TERRACE
CORAL SPRINGS FL 33076

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/28/1996

3a. Date of Last Report

2. Principal Place of Business

21 12534 Wiles Rd

2a. Mailing Address

26 12534 Wiles Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Coral Springs FL

28 Coral Springs FL

Zip

Country

Zip

Country

24 33076

25

29 33076

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BEDZOW, MICHAEL
20803 BISCAYNE BLVD.
SUITE 200
AVENTURA FL 33180

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Oct 8/97

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME MOSCOVITCH, LEWIS
STREET ADDRESS 5025 NORTHWEST 115TH TERRACE
CITY-ST-ZIP CORAL SPRINGS FL 33076

TITLE D ☐ DELETE

NAME BRUNO, DANIELLE
STREET ADDRESS 5025 NORTHWEST 115TH TERRACE
CITY-ST-ZIP CORAL SPRINGS FL 33076

TITLE VST ☐ DELETE

NAME PERRY, CRAIG
STREET ADDRESS 5025 NORTHWEST 115TH TERRACE
CITY-ST-ZIP CORAL SPRINGS FL 33076

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

REINSTATEMENT

200002325292--5

-10/21/97--01027--005

***236.25 ***236.25

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE SIGNATURE REQUIRED

9-15-97

954-344-8040

CR2E037 (4/97)