

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-07-2008 90043 036 ****61.25

DOCUMENT # N96000004592					
1. Entity Name WYNDHAM LAKES NORTH HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business INTEGRITY PROPERTY MGMT 953 UNIVERSITY DRIVE CORAL SPRINGS, FL 33071 US			Mailing Address INTEGRITY PROPERTY MGMT 953 UNIVERSITY DRIVE CORAL SPRINGS, FL 33071 US		
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 65-0705026	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For: Not Applicable	
6. Name and Address of Current Registered Agent INTEGRITY PROPERTY MANAGEMENT 953 UNIVERSITY DRIVE CORAL SPRINGS, FL 33071				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State		10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VARGA, EDITH 5562 N W 124TH AVE CORAL SPRINGS, FL 33076		<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KLEINER, TINA 12339 N W 55 ST CORAL SPRINGS, FL 33076		<input type="checkbox"/> Delete	D Ilise Rodriguez 12345 NW 55th St. Coral Springs, FL 33076	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BUNGO, PETER 12400 NW 55TH ST CORAL SPRINGS, FL 33076		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORBERTO, LINDA 12306 N W 55 ST CORAL SPRINGS, FL 33076		<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Edith Varga</u> 4/2/08 954 346-0677					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					