

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 17 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morthm</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000004843 (6)**

1. Corporation Name

**WYNDHAM LAKES CENTRAL HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business <b>8000 GOVERNORS SQUARE BLVD. SUITE 101 MIAMI LAKES FL 33016</b>	Mailing Address <b>8000 GOVERNORS SQUARE BLVD. SUITE 101 MIAMI LAKES FL 33016</b>
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3. Date incorporated or Qualified <b>09/17/1996</b>
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4. FEI Number <b>65-0735497</b>	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent <b>JORDAN, GREGORY W 8000 GOVERNORS SQUARE BLVD. SUITE 101 MIAMI LAKES FL 33016</b>
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP
<input type="checkbox"/> DELETE	
<b>PD</b>	<b>JORDAN, GREGORY W</b>
<b>8000 GOVERNORS SQUARE BLVD., #101</b>	<b>MIAMI LAKES FL 33016</b>
<input type="checkbox"/> DELETE	
<b>VPD</b>	<b>SHARPSTEEN, CANDACE</b>
<b>8000 GOVERNORS SQUARE BLVD., #101</b>	<b>MIAMI LAKES FL 33016</b>
<input type="checkbox"/> DELETE	
<b>STD</b>	<b>GUERRA, FRANCES J</b>
<b>8000 GOVERNORS SQUARE BLVD., #101</b>	<b>MIAMI LAKES FL 33016</b>
<input type="checkbox"/> DELETE	
<input type="checkbox"/> DELETE	
<input type="checkbox"/> DELETE	
<input type="checkbox"/> DELETE	
<input type="checkbox"/> DELETE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.1 TITLE	1.2 NAME
1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STD</b>	<b>SHARPSTEEN, CANDACE</b>
<b>8000 GOVERNORS SQUARE BLVD., #101</b>	<b>MIAMI LAKES, FL 33016</b>
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>VPD</b>	<b>HUMPHRIES, MICHAEL</b>
<b>8000 GOVERNORS SQUARE BLVD., #101</b>	<b>MIAMI LAKES, FL 33016</b>
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. 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 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: Candace Sharpsteen 04/19/98 (305) 512-4954  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)