


FILE NOW: FILING FEE IS \$61.25

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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N96000004843					
1. Corporation Name WYNDHAM LAKES CENTRAL HOMEOWNERS' ASSOCIATION, I NC.					
Principal Place of Business 8000 GOVERNORS SQUARE BLVD. SUITE 101 MIAMI LAKES FL 33016			Mailing Address 8000 GOVERNORS SQUARE BLVD. SUITE 101 MIAMI LAKES FL 33016		



2. Principal Place of Business 21 c/o/Diversified Mgmt, Svcs Suite, Apt. #, etc. 22 8457 W. Oakland Pk. Blvd. City & State 23 Sunrise, Florida Zip 24 33351		2a. Mailing Address 26 c/o/ Diversified Mgmt. Svcs Suite, Apt. #, etc. 27 P.O. Box 451418 City & State 28 Sunrise, Florida Zip 29 33345-1418		3. Date Incorporated or Qualified 09/17/1996 4. FEI Number 65-0735497 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent JORDAN, GREGORY W 8000 GOVERNORS SQUARE BLVD. SUITE 101 MIAMI LAKES FL 33016			10. Name and Address of New Registered Agent 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JORDAN, GREGORY W	1.2 NAME	
STREET ADDRESS	8000 GOVERNORS SQUARE BLVD., #101	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES FL 33016	1.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHARPSTEEN, CANDACE	2.2 NAME	
STREET ADDRESS	8000 GOVERNORS SQUARE BLVD., #101	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES FL 33016	2.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUMPHRIES, MICHAEL	3.2 NAME	
STREET ADDRESS	8000 GOVERNORS SQUARE BLVD., #101	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES FL 33016	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:

Candace Sharpsteen, Inc.

3/4/99

(305) 512-4954

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)