

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004843

1. Entity Name

WYNDHAM LAKES CENTRAL HOMEOWNERS ASSN. I

Principal Place of Business

Mailing Address

c/o Diversified Management Services

8457 W. Oakland Pk. Blvd

Sunrise, Fl 33351

P.O. Box 451418

Sunrise, Fl. 33345

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0735497

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JORDAN, GREGORY W.
8000 Governors Square Blvd.
Suite 101
Miami Lakes, Fl. 33016

Name

Michelle G. Trica, P.A.

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

2455 East Sunrise Blvd., #209

City

Ft. Lauderdale, Fl. 333304

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete
NAME Jordan, Gregory
STREET ADDRESS 8000 Governors Square Blvd., #101
CITY-ST-ZIP Miami Lakes, Fl. 33016

TITLE STD ☒ Delete
NAME Sharpsteen, Candace
STREET ADDRESS 8000 Governors Square Blvd.
CITY-ST-ZIP Miami Lakes, Fl. 33016

TITLE VPD ☒ Delete
NAME Humphries, Michael
STREET ADDRESS 8000 Governors Square Blvd.
CITY-ST-ZIP Miami Lakes, Fl. 33016

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Change ☒ Addition
NAME Kruger, Jean
STREET ADDRESS 5155 NW 121 Drive
CITY-ST-ZIP Coral Springs, Florida 33076

TITLE VPD ☐ Change ☒ Addition
NAME Feltman, Barry
STREET ADDRESS 5182 NW 122 Avenue
CITY-ST-ZIP Coral Springs, Florida 33076

TITLE SD ☐ Change ☒ Addition
NAME Fahey, Kathy
STREET ADDRESS 12135 NW 52 Court
CITY-ST-ZIP Coral Springs, Fl. 33076

TITLE TD ☐ Change ☒ Addition
NAME King, Mark
STREET ADDRESS 5135 NW 121 Drive
CITY-ST-ZIP Coral Springs, Fl. 33076

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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

4/27/00

Date

Daytime Phone #

CR2E034 (9/99)