

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004843  
1. Entity Name

Wyndham Lakes Central Homeowners' Associat

**FILED**  
**Apr 04, 2001 8:00 am**  
**Secretary of State**

04-04-2001 90502 010 \*\*\*\*61.25

C0042292

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
A&M PROPERTY MGT A&M PROPERTY MGT  
3475 North Hiatus Road 3475 N. Hiatus Road  
Sunrise, FL 33351 Sunrise, FL 33351

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State					
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
A & M PROPERTY MANAGEMENT				Name			
3475 North Hiatus Road				Street Address (P.O. Box Number is Not Acceptable)			
Sunrise, FL 33351							
				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.

SIGNATURE *Gene Marie Waldron, v.p.* DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**Make Check Payable to:**  
**Department of State**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE PD	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	JEAN KRUGER	5155 NW 121st Drive	Coral Springs, FL 33076				
TITLE SVPD	NAME	STREET ADDRESS	CITY-ST-ZIP				
	KATHY FAHEY	12135 NW 52nd Court	Coral Springs, FL 33076				
TITLE TD	NAME	STREET ADDRESS	CITY-ST-ZIP				
	BARRY FELTMAN	5182 NW 122nd Avenue	Coral Springs, FL 33076				

**RECEIVED**  
**MAR 28 2001**

12. 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 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: *JEAN I. KRUGER* PROS  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 3/19/01 (924) 345-2353  
Daytime Phone #

CR2E037 (11/00)