ANNUAL REPORT

FILED Apr 08, 2005 8:00 am Secretary of State

04-08-2005 90083 038 ****61.25

2005 NOT-FOR-PROFIT CORPORATION DOCUMENT # N96000004843 WYNDHAM LAKES CENTRAL HOMEOWNERS'

ASSOCIATION, INC. Principal Place of Business PICCOUNC Mailing Address BROCK PROPERTY MGT **BROCK PROPERTY MGT** 11609 NW 19TH DRIVE P.O. BOX 770850 CORAL SPRINGS, FL 33077 CORAL SPRINGS, FL 33071 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03292005 Chg-NP CR2E037 (10/03) City & State City & State 4. FEI Number 65-0735497 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **BROCK PROPERTY MGT** Street Address (P.O. Box Number is Not Acceptable) 11600 NVV T9TH DRIVE CORAL SPRINGS, FL 33071 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$61.25 9. Election Campaign Financing - Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2005 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE SIEGERMAN, ANDREW NAME NAME STREET ADDRESS 1440 CORAL RIDGE DRIVE # 117 STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS, FL 33071 CITY-ST-ZIP TIT! F ☐ Delete TITLE ☐ Change ☐ Addition PLUMMER, PETERJOHN NAME NAME 5129 NW 121 DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS, FL 33076 CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME TUROCEY, JOE NAME STREET ADDRESS 5189 NW 121 ST DRIVE STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS, FL 33076 CITY-ST-ZIP TITLE SD ☐ Delete TITLE Change ☐ Addition KRAVITZ, IAN NAME NAME STREET ADDRESS STREET ADDRESS 5103 NW 121 DRIVE CITY-ST-ZIP CORAL SPRINGS, FL 33076 CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ■ Addition NAME GARRITY, JOE NAME 5001 NW 121ST DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS, FL 33076 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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:

SIGNATURE AND THEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR