2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2008 8:00 am
Secretary of State
05-09-2008 90011 048 ****61.25

DOCUMENT # N96000004843

1. Entity Name
WYNDHAM LAKES CENTRAL HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~BROCK PROPERTY MGT~~ ~~11609 NW 19TH DRIVE~~ ~~CORAL SPRINGS, FL 33071~~	~~BROCK PROPERTY MGT~~ ~~P.O. BOX 770850~~ ~~CORAL SPRINGS, FL 33077~~

01042008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
11784 W. Sample Rd	11784 W. Sample Rd
Suite, Apt. #, etc. #103	Suite, Apt. #, etc. #103
City & State Coral Springs, FL	City & State Coral Springs, FL
Zip 33065 Country USA	Zip 33065 Country USA

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

~~BROCK PROPERTY MGT~~
~~11609 NW 19TH DRIVE~~
~~CORAL SPRINGS, FL 33071~~

7. Name and Address of New Registered Agent

Name United Community Mgt.
Street Address (P.O. Box Number is Not Acceptable)
11784 W. Sample Rd #103
City Coral Springs FL Zip Code 33065

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) DATE

Filing Fee is $61.25
Due by May 1, 2008

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SIEGERMAN, ANDREW 1440 CORAL RIDGE DRIVE # 117 CORAL SPRINGS, FL 33071	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD PLUMMER, PETERJOHN 5129 NW 121 DRIVE CORAL SPRINGS, FL 33076	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TUROCEY, JOE 5189 NW 121 ST DRIVE CORAL SPRINGS, FL 33076	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD KRAVITZ, IAN 5103 NW 121 DRIVE CORAL SPRINGS, FL 33076	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD WELCH, RICHARD 12104 NW 51 PL CORAL SRINGS, FL 33076	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #