## 2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT # N96000004843 FILED 1. Entity Name WYNDHAM LAKES CENTRAL HOMEOWNERS' 08 OCT -3 PM 1:47 ASSOCIATION, INC. SECRETARING STATE Principal Place of Business Mailing Address TALLAHASSEE, FEORIDA 11784 W. SAMPLE RD. 11784 W. SAMPLE RD. #103 #103 POMPANO BEACH, FL 33065 POMPANO BEACH, FL 33065 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 08282008 Chg-NP CR2E037 (12/06) 4. FEI Number 65-0735497 Applied For City & State City & State Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name UNITED COMMUNITY MGT. Street Address (P.O. Box Number is Not Acceptable) 11784 W. SAMPLE RD #103 CORAL SPRINGS, FL 33075 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 Make check payable to 9. Election Campaign Financing \$5.00 May Be Amended AR is \$61.25 Florida Department of State Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES-TO-OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Change 🔀 Addition VPD Delete TITLE TITLE PLUMMER, PETERJOHN NAME NAME STREET ADDRESS 5129 NW 121 DRIVE STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS, FL 33076 CITY-ST-ZIP Change ■ Addition D ☐ Delete TIT1 F TITLE NAME TUROCEY, JOE NAME STREET ADDRESS 5189 NW 121 ST DRIVE STREET ADDRESS CORAL SPRINGS, FL 33076 CITY-ST-ZIP CITY-ST-ZIP Addition SD ☐ Change TITI F □ Delete TITLE KRAVITZ, IAN NAME NAME 121 STREET ADDRESS 5103 NW 121 DRIVE STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS, FL 33076 CITY-ST-ZIP Change ☐ Delete TITLE P TITLE TD WELCH, RICHARD NAME NAME STREET ADDRESS STREET ADDRESS 12104 NW 51 PL CITY-ST-ZIP CORAL SRINGS, FL 33076 CITY-ST-2IP ☐ Change ■ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP opplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information null 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 director according to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if I hereby certify that the information s indicated on this report or suppleme of the corporation or the receiver or ikelempowered. changed, or on an atta SIGNATURE: SIGNING OFFICER OR DIRECTOR