## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N97000000958

FILED May 06, 2009 Secretary of State

Entity Name: EAGLE CREEK AT WYNDHAM LAKES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1750 UNIVERSITY DR #205 953 UNIVERSITY DRIVE #205 CORAL SPRINGS, FL 33075

CORAL SPRINGS, FL 33071

Current Mailing Address: New Mailing Address:

1750 UNIVERSITY DR #205 953 UNIVERSITY DRIVE CORAL SPRINGS, FL 33075

CORAL SPRINGS, FL 33071

FEI Number: 65-0736147 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SWIFT MANAGEMENT SOLUTIONS INC Y
1750 UNIVERSITY DR #205

#205

INTEGRITY PROPERTY MGT..
953 UNIVERSITY DRIVE
CORAL SPRINGS, FL 33075 US

CORAL SPRINGS, FL 33071 US

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: CINDY WHITTLE 05/06/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD ( ) Delete Title: VPD (X) Change ( ) Addition Name: TUMBARELLO, MIKE Name: BERNDT, EILEEN

 Address:
 5638 NW 122 AVE
 Address:
 5649 N.W. 122 TERRACE

 City-St-Zip:
 CORAL SPRINGS, FL 33076
 City-St-Zip:
 CORAL SPRINGS, FL 33076

Title: VP ( ) Delete Title: PD (X) Change ( ) Addition

 Name:
 LIBERTI, MICHELLE
 Name:
 LIBERTI, MICHELLE

 Address:
 12205 NW 56TH COURT
 Address:
 12205 NW 56TH COURT

 City-St-Zip:
 CORAL SPRINGS, FL 33076
 City-St-Zip:
 CORAL SPRINGS, FL 33076

Title: SD () Delete Title: () Change () Addition

 Name:
 MORDIS, MICHELLE
 Name:

 Address:
 12151 NW 57TH STREET
 Address:

 City-St-Zip:
 CORAL SPRINGS, FL 33076
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHELLE LIBERTI PD 05/06/2009