

**2001 UNIFORM BUSINESS REPORT (UBR)**

4/2

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

04-26-2001 90034 048 \*\*\*\*61.25

**DOCUMENT # N97000001220**

1. Entity Name

**GRAND ISLE AT WYNDHAM LAKES HOMEOWNERS ASSOCIATI**

Principal Place of Business 12534 WILES ROAD CORAL SPRINGS FL 33076	Mailing Address 951 BROKEN SOUND PKWY STE 250 BOCA RATON FL 33487 US
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44130



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>65-0740246</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**LARRY A. ROTHENBERG, P.A.**  
**900 NORTH FEDERAL HWY**  
**SUITE 460**  
**BOCA RATON FL 33432**

7. Name and Address of New Registered Agent

Name: \_\_\_\_\_  
 Street Address (Do Not Leave Blank): \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: **FL** Zip Code: \_\_\_\_\_

Community Association Svcs., Inc.  
 Ste. 250  
 951 Broken Sound Pkwy. NW  
 Boca Raton, FL 33487-3531

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: (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE: DP NAME: PRIOLO, ROY STREET ADDRESS: 5054 NW 120TH AVE CITY-ST-ZIP: CORAL SPRINGS FL 33076	<input type="checkbox"/> Delete
TITLE: DV NAME: EIKEVIK, BECKI STREET ADDRESS: 12022 NW 49TH DR CITY-ST-ZIP: CORAL SPRINGS FL 33078	<input checked="" type="checkbox"/> Delete
TITLE: 2DV NAME: COAKE, DIANE STREET ADDRESS: 12079 NW 50TH DR CITY-ST-ZIP: CORAL SPRINGS FL 33078	<input type="checkbox"/> Delete
TITLE: DT NAME: ZUESADA, AL STREET ADDRESS: 12040 NW 49TH DR CITY-ST-ZIP: CORAL SPRINGS FL	<input type="checkbox"/> Delete
TITLE: DS NAME: JONES, DAVID STREET ADDRESS: 4904 NW 120 AVE CITY-ST-ZIP: CORAL SPRINGS FL	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: DT NAME: KLEIN, JES STREET ADDRESS: 4915 NW 120 AVE CITY-ST-ZIP: CORAL SPRINGS FL 33076	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: DS NAME: COOKE, BEANE STREET ADDRESS: 12079 NW 50TH DR CITY-ST-ZIP: CORAL SPRINGS FL 33078	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DVP NAME: QUESADA, AL STREET ADDRESS: 12040 NW 49TH DR CITY-ST-ZIP: CORAL SPRINGS FL 33076	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DVP NAME: JONES, DAVID STREET ADDRESS: 4904 NW 120 AVE CITY-ST-ZIP: CORAL SPRINGS FL 33076	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 another like empowered.

SIGNATURE: VP. DAVID A. JONES Date: 4-13-01 Daytime Phone #: 561 994 1788

CR2E037 (10/00)