
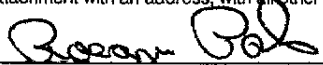


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N97000001220</b> 1. Entity Name <b>GRAND ISLE AT WYNDHAM LAKES HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>951 BROKEN SOUND PKWY STE 250 BOCA RATON, FL 33487 US</b>			Mailing Address <b>951 BROKEN SOUND PKWY STE 250 BOCA RATON, FL 33487 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		4. FEI Number <b>65-0740246</b>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					Applied For <input type="checkbox"/> Not Applicable
6. Name and Address of Current Registered Agent  <b>MESSINGER, JOEL L AGENT 951 BROKEN SOUND PARKWAY SUITE 250 BOCA RATON, FL 33487</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input type="checkbox"/> Delete <b>PRIOLO, ROY 5054 NW 120TH AVE CORAL SPRINGS, FL 33076</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D2VP <input type="checkbox"/> Delete <b>MASSA, MICHAEL 5051 NW 119 TERR CORAL SPRINGS, FL 33076</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>000000538202 05/09/06-80048-010 61.25</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VPD <input type="checkbox"/> Delete <b>PALACIOS, JOSEPH 5031 NW 120TH AVE CORAL SPRINGS, FL 33076</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT <input type="checkbox"/> Delete <b>FIEBRANDT, RADALL 12010 NW 49TH DR POMPANO BEACH, FL 33076</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS <input type="checkbox"/> Delete <b>MOFFA, ED 12036 NW 50 DR POMPANO BEACH, FL 33076</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			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 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.					
<b>SIGNATURE:</b> 				<b>6-18-06</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	