2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N97000001220

GRAND ISLE AT WYNDHAM LAKES HOMEOWNERS



FILED Apr 02, 2007 8:00 am Secretary of State 04-02-2007 90054 018 ****61.25

ASSOCIA	ition, inc.						
951 BROKEN SOUND PKWY 95 STE 250 ST		Mailing Address 951 BROKEN SOUND PK STE 250 BOCA RATON, FL 33487	951 BROKEN SOUND PKWY STE 250				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01032007 CH	ng-NP CR2E037	7 (12/06)	
City & State		City & State		4. FEI Number 65-074024	6	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Sta	atus Desired	8.75 Additional	
	6. Name and Address of Current	Registered Agent		7. Name and Add	ress of New Registered A	gent	
MESSINGED IGELL ACENT			Name	Name			
MESSINGER, JOEL L AGENT 951 BROKEN SOUND PARKWAY SUITE 250			Street Addr	Street Address (P.O. Box Number is Not Acceptable)			
BOCA RATON, FL 33487							
			City	FL 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							
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renstating) DATE							
	Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution.		Make check Florida Depart	F 7	
10.	OFFICERS AND DI	RECTORS	11.	ADDITIONS/CHANGI	ES TO OFFICERS AND DIR	ECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PRIOLO, ROY 5054 NW 120TH AVE CORAL SPRINGS, FL 33076	C Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	,		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D2VP MASSA, MICHAEL 5051 NW 119 TERR CORAL SPRINGS, FL 33076	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MASSA, 5051 N.W. COKAL S	HATH TEAD	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VPD PALACIOS, JOSEPH 5031 NW 120TH AVE CORAL SPRINGS, FL 33076	□ Defete	NAME STREET ADORESS CITY-ST-ZIP	NP PALACIOS 5031 NW COLAL S	ORINGS FL = 1 JOSEPH 1 120TH AVE PRINGS, FL	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT FIEBRANDT, RADALL 12010 NW 49TH DR POMPANO BEACH, FL 33076	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		,	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MOFFA, ED 12036 NW 50 DR POMPANO BEACH, FL 33076	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ AdditIon	
HITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition	
12. I hereby certify that the reformation supplied with this filling does not qualify for the exemptions contained in Chapter 1.19, Florida Statutes. I further certify that the information							

indicated on this report of 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 received 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:

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #