

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N97000001220

FILED
Mar 17, 2009
Secretary of State

Entity Name: GRAND ISLE AT WYNDHAM LAKES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

951 BROKEN SOUND PKWY
STE 250
BOCA RATON, FL 33487 US

New Principal Place of Business:

4400 N. FEDERAL HIGHWAY
LIGHTHOUSE POINT, FL 33064 US

Current Mailing Address:

951 BROKEN SOUND PKWY
STE 250
BOCA RATON, FL 33487 US

New Mailing Address:

4400 N. FEDERAL HIGHWAY
LIGHTHOUSE POINT, FL 33064 US

FEI Number: 65-0740246 **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:

MESSINGER, JOEL L AGENT
951 BROKEN SOUND PARKWAY
SUITE 250
BOCA RATON, FL 33487 US

Name and Address of New Registered Agent:

THOMPSON, KRISTINE M AGENT
4400 N. FEDERAL HIGHWAY
LIGHTHOUSE POINT, FL 33064 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: KRISTINE M. THOMPSON

03/17/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: PRIOLO, ROY
Address: 5054 NW 120TH AVE
City-St-Zip: CORAL SPRINGS, FL 33076

Title: DS () Delete
Name: MASSA, MICHAEL
Address: 5051 NW 119 TERR
City-St-Zip: CORAL SPRINGS, FL 33076

Title: DV () Delete
Name: PALACIOS, JOSEPH
Address: 5031 NW 120TH AVE
City-St-Zip: CORAL SPRINGS, FL 33076

Title: DT () Delete
Name: FIEBRANDT, RADALL
Address: 12010 NW 49TH DR
City-St-Zip: POMPANO BEACH, FL 33076

Title: DS () Delete
Name: MOFFA, ED
Address: 12036 NW 50 DR
City-St-Zip: POMPANO BEACH, FL 33076

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: KRISTINE M. THOMPSON

AGEN

03/17/2009

Electronic Signature of Signing Officer or Director

Date