

FILED
Apr 06, 1999 8:00 am
Secretary of State

04-06-1999 90012 043 ****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # N98000002437

1. Corporation Name
ADDISON COURT AT WYNDHAM LAKE HOMEOWNERS' ASSOCIATION, INC.

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| Principal Place of Business 2450 S.W. 137TH AVE., #226 MIAMI FL 33175 | Mailing Address 2450 S.W. 137TH AVE., #226 MIAMI FL 33175 |
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| 2. Principal Place of Business 21 2460 SW 137 AVE | 2a. Mailing Address 26 2460 SW 137 AVE | 3. Date Incorporated or Qualified 04/28/1998 |
| Suite, Apt. #, etc. 22 250 | Suite, Apt. #, etc. 27 #250 | 4. FEI Number 65-0858012 |
| City & State 23 Miami Florida | City & State 28 Miami, Florida | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| Zip 24 33175 | Country 25 USA | 29 33175 |
| | Country 30 USA | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |

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| 9. Name and Address of Current Registered Agent GREENFIELD, STEVEN B ESQ. 7000 WEST PALMETTO PARK ROAD SUITE 402 BOCA RATON FL 33433 | 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code |
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE | PD <input type="checkbox"/> DELETE | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROSADO, RAFAEL | 1.2 NAME | |
| STREET ADDRESS | 2450 S.W. 137TH AVE., #226 | 1.3 STREET ADDRESS | 2460 SW 137 AVE, SUITE 250 |
| CITY-ST-ZIP | MIAMI FL 33175 | 1.4 CITY-ST-ZIP | |
| TITLE | VD <input type="checkbox"/> DELETE | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ABBO, FREDDY | 2.2 NAME | |
| STREET ADDRESS | 2450 S.W. 137TH AVE., #226 | 2.3 STREET ADDRESS | 2460 SW 137 AVE, SUITE 250 |
| CITY-ST-ZIP | MIAMI FL 33175 | 2.4 CITY-ST-ZIP | |
| TITLE | STD <input type="checkbox"/> DELETE | 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ABBO, EVA | 3.2 NAME | |
| STREET ADDRESS | 2450 S.W. 137TH AVE., #226 | 3.3 STREET ADDRESS | 2460 SW 137 AVE, SUITE 250 |
| CITY-ST-ZIP | MIAMI FL 33175 | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **SIGNATURE REQUIRED** 3-29-99 305-227-7763
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037-11/98