NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N98000002437

ADDISON COURT AT WYNDHAM LAKE HOMEOWNERS' ASSOCI ATION, INC.

Principal Place of Business

Mailing Address

2450 S.W. 137TH AVE., #226 MIAMI FL 33175

2450 S.W. 137TH AVE., #226 MIAMI FL 33175

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

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| A Duly of a 1 | 10 do | 2s Mailing Address | | 3. Date Incorporated or Qualified | | |
| | lace of Business | 28 24 60 SW I | 22 011 | 04/28/1998 | | |
| | (V. V | 28 24 50 5W 1. | STAVE | 4. FEI Number | I Ar | olied For |
| Sulta, Apt. | | | | 65-0858012 | | t Applicable |
| 22 25 City & Stat | | 27 4350 City & State | | | \$8.75 | |
| | ami Florida | 28 Miami, F | Lorida | 5. Certificate of Status Desired | Fee Re | quired |
| ^{Zip} 33 | 175 Tall USA | 29 33175 30 | Country USA | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 Added 1 | |
| <u> </u> | 9. Name and Address of Current | | | 10. Name and Address of New Registered | Agent | |
| | | | 81 Name | | | \ |
| GREENFIELD, STEVEN B ESQ. | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| 7000 WES | ST PALMETTO PARK ROAD | | | | | |
| SUITE 40: | | | 83 | | | |
| | TON FL 33433 | | 84 City | FL | 85 Zlp (| |
| | to the provisions of Sections 617.0502 registered agent, or both, in the State of Sections with and accept the obligate | 2 and 617.1508, Florida Statutes, t of Florida. Such change was autho tions of Section 617.0503, Florida | the above-named c prized by the corpor Statutes | corporation submits this statement for the purpose of ration's board of directors, I hereby accept the appoint | intment as re | gistered |
| | registered agent, or both, in the State of im familiar with, and accept the obligat Stgnature, typed or prioted name of registered agent | of Florida. Such change was authoritions of, Section 817.0503, Florida and the if applicable. (NOTE: Regi | Statutes. | quired when reinstading) DATE | | |
| 11. Pursuant office or i agent, I s | registered agent, or both, in the State of im familiar with, and accept the obligat Stgnature, typed or prioted name of registered agent | of Florids. Such change was suunctions of, Section 617,0503, Florida t and title if applicable. (NOTE: Reg ID DIRECTORS | Statutes. Statutes . Intered Apart styneture res 13. | SHOULS IDEAL OF CHAPTORS, Frieddry Second and Epiper | ND DIRECTO | RS IN 12 |
| 11. Pursuant office or i agent, I a SIGNATURE | registered agent, or both, in the State of im familiar with, and accept the obligat Stgnature, typed or prioted name of registered agent | of Florida. Such change was authoritions of, Section 817.0503, Florida and the if applicable. (NOTE: Regi | Statutes. Statutes. Statutes. 13. 1.1 TITLE | quired when reinstading) DATE | | |
| 11. Pursuant office or i agent. I a SIGNATURE | registered agent, or both, in the State of irm familiar with, and accept the obligate Stansbure, typed or probled name of registered agent OFFICERS AND ROSADO, RAFAEL | of Florids. Such change was authoritions of, Section 617.0503, Florida and the Vapplicable. (NOTE: Reg D DIRECTORS | Statutes. Statutes Agent algorithm ma 13. 1.1 TITLE | quired when reinstailing) ADDITIONS/CHANGES TO OFFICERS AN | ND DIRECTO | RS IN 12 |
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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 ennual 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 517, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on anystractypany. with all other like empowered.

5.3 STREET ADDRESS

63 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-23P

61 IIILE

62 NAME

STREET ADDRES

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZP

TITLE

NAME

DELETE

Change

Addition