

**FILED**  
**Apr 03, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90136 040 \*\*\*\*61.25

**2002 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # N98000002437**

Entity Name

**ADDISON COURT AT WYNDHAM LAKE HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

3 UNIVERSITY DRIVE  
 CORAL SPRINGS FL 33071

P.O. BOX 8721  
 CORAL SPRINGS FL 33075  
 US

20535



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0858012

Applied For

Not Applicable

Zip

Country

Zip

Country

6. Certificate of Status Desired

\$8.75 Additional  
 Fees Required

8. Name and Address of Current Registered Agent

GREENFIELD, STEVEN B ESQ.  
 7000 WEST PALMETTO PARK ROAD  
 SUITE 402  
 BOCA RATON FL 33433

7. Name and Address of New Registered Agent

Name **SCOTT S. STOLOFF**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1818 AUSTRALIAN AVENUE, SOUTH**  
**SUITE 400**  
 City **WEST PALM BEACH** FL Zip Code **33409**

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

*Scott A. Stolloff*

3-18-02

Signature (Use or printed name of registered agent and title if applicable)

(NOTE: Registered agent signature required when registering)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
 Trust Fund Contribution.

\$5.00 May Be  
 Added to Fees

Make Check Payable to  
 Department of State

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

FILE NAME	PD ROSADO, RAFAEL	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2460 S.W. 137 AVENUE, SUITE 250	
CITY-ST-ZIP	MIAMI FL 33175	
FILE NAME	VD ABBO, FREDDY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2460 S.W. 137 AVENUE, SUITE 250	
CITY-ST-ZIP	MIAMI FL 33175	
FILE NAME	STD ABBO, EVA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2460 S.W. 137 AVENUE, SUITE 250	
CITY-ST-ZIP	MIAMI FL 33175	
FILE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
FILE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRESIDENT	
STREET ADDRESS	DEBBIE LUAT 5664 N.W. 119 WAY	
CITY-ST-ZIP	CORAL SPRINGS, FL 33076	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VICE PRESIDENT	
STREET ADDRESS	STEPHANIG FORD 117 SW N.W. 56 ST.	
CITY-ST-ZIP	CORAL SPRINGS, FL 33076	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TREASURER	
STREET ADDRESS	ERIC SCHWABE 5661 N.W. 120 Ave.	
CITY-ST-ZIP	CORAL SPRINGS, FL 33076	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SECRETARY	
STREET ADDRESS	BILL CRESWELL 5640 N.W. 120 TERR.	
CITY-ST-ZIP	CORAL SPRINGS, FL 33076	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DON ROSE	
STREET ADDRESS	5663 N.W. 120 TERR.	
CITY-ST-ZIP	CORAL SPRINGS, FL 33076	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (9/01)

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 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.

SIGNATURE: *Signature Required*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



**INTEGRITY PROPERTY MANAGEMENT, INC.**

COMMUNITY ASSOCIATION MANAGEMENT / FINANCIAL SERVICES

Attachment

20535

#N98000002439

March 22, 2002

Division Of Corporations  
P.O. Box 1500  
Tallahassee, FL 32314

**CERTIFIED MAIL # 7001 2510 0008 8891 3199**

**Re: Addison Court at Wyndham Lake Homeowners Association, Inc.**  
Annual Business-Report

To whom it may concern;

Enclosed please find a copy of the 2002 Uniform Business Report, submitted for the above-mentioned association, complete with the original signature of the new registered agent, Scott A. Stoloff.

I trust this will satisfy your requirements so the report may be filed. Please contact should you need any additional information. Thank you for your cooperation in this matter.

Sincerely,

Carla De Yorgi, Property Manager  
For the Board of Directors

Cc;file