


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90298 019 \*\*\*\*61.25

**DOCUMENT # N98000002437**

1. Entity Name  
**ADDISON COURT AT WYNDHAM LAKES HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business      Mailing Address

**953 UNIVERSITY DRIVE  
CORAL SPRINGS FL 33071  
US**      **P.O. BOX 8726  
CORAL SPRINGS FL 33075  
US**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For

**65-0858012**       Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent

**INTEGRITY PROPERTY MANAGEMENT  
953 UNIVERSITY DR.  
CORAL SPRINGS FL 33076**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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 \_\_\_\_\_ DATE \_\_\_\_\_

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

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	LUAT, DEBBIE	
STREET ADDRESS	5684 NW 119 WAY	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SILVER, BONNIE	
STREET ADDRESS	11941 NW 57TH ST.	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BURNS, ED	
STREET ADDRESS	5632 NW 118TH DR.	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	
TITLE	S	<input type="checkbox"/> Delete
NAME	GLEASON, PATTY	
STREET ADDRESS	11965 NW 57TH TERR.	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ROSE, DAN	
STREET ADDRESS	5663 NW 120 TERRACE	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joseph Desiderio	
STREET ADDRESS	5601 NW 117 Avenue	
CITY-ST-ZIP	Coral Springs, FL 33076	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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: Deborah P. Luat      Deborah Luat      4/23/04      9545758495

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