



**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2006 8:00 am**  
**Secretary of State**

04-21-2006 90101 025 \*\*\*\*61.25

<b>DOCUMENT # N98000002437</b>					
<b>1. Entity Name</b> ADDISON COURT AT WYNDHAM LAKES HOMEOWNERS' ASSOCIATION, INC.					
<b>Principal Place of Business</b> 953 UNIVERSITY DRIVE CORAL SPRINGS, FL 33071 US		<b>Mailing Address</b> P.O. BOX 8726 CORAL SPRINGS, FL 33075 US		400	
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>		 02222006 Chg-NP CR2E037 (11/05)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>	
INTEGRITY PROPERTY MANAGEMENT 953 UNIVERSITY DR. CORAL SPRINGS, FL 33076				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
<b>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.</b>					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
				Make check payable to Florida Department of State	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE <b>Pres.</b> NAME STREET ADDRESS CITY-ST-ZIP	D DESIDERIO, JOSEPH 5601 NW 117 AVE CORAL SPRINGS, FL 33076	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROSE, DAN 5663 NW 120 TERRACE CORAL SPRINGS, FL 33076	<input checked="" type="checkbox"/> Delete	TITLE <b>V.P.</b> NAME STREET ADDRESS CITY-ST-ZIP	Raeford, Marianne 12044 NW 56th ST. Pompano Beach FL 33076 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RAEFORD, MARIANNE 12044 NW 56TH ST POMPANO BEACH, FL 33076	<input checked="" type="checkbox"/> Delete	TITLE <b>SEC.</b> NAME STREET ADDRESS CITY-ST-ZIP	Marcus, Mel 11735 NW 57th St. Coral Springs FL 33076 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE <b>Dir.</b> NAME STREET ADDRESS CITY-ST-ZIP	Baker Warren 5636 NW 118th Dr. Coral Springs FL 33076 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE <b>Treas.</b> NAME STREET ADDRESS CITY-ST-ZIP	Curry, Earl 11836 NW 56th ST. Coral Springs FL 33076 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.</b>					
SIGNATURE: <u>Joseph Desiderio Pres</u>				Date: <u>4/16/06</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	