


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90018 005 ****61.25

DOCUMENT # N98000002437

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



Principal Place of Business: **953 UNIVERSITY DRIVE CORAL SPRINGS, FL 33071 US**

Mailing Address: **P.O. BOX 8726 CORAL SPRINGS, FL 33075 US**

40032196



2. Principal Place of Business - No P.O. Box #: **11784 W. Sample Rd**
 Suite, Apt. #, etc. **103**

3. Mailing Address: **11784 W. Sample Rd**
 Suite, Apt. #, etc. **103**

02142007 Chg-NP CR2E037 (12/06)

City & State: **Coral Springs, FL**

City & State: **Coral Springs, FL**

Zip: **33065** Country: **US** Zip: **33065** Country: **US**

4. FEI Number: **65-0858012** Applied For: Not Applicable:

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

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: **United Community Mgmt Corp.**
 Street Address (P.O. Box Number is Not Acceptable): **11784 W. Sample Rd #103**
 City: **Coral Spring** FL Zip Code: **33065**

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: **Renée Kattaras** U.P. Finance United Comm Mgmt 2/23/07
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2007

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	D	<input type="checkbox"/> Delete
NAME	DESIDERIO, JOSEPH	
STREET ADDRESS	5601 NW 117 AVE	
CITY-ST-ZIP	CORAL SPRINGS, FL 33076	
TITLE	V	<input type="checkbox"/> Delete
NAME	RAEFORD, MARIANNE	
STREET ADDRESS	12044 NW 56TH ST	
CITY-ST-ZIP	POMPANO BEACH, FL 33076	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MARCUS, MEL	
STREET ADDRESS	11735 NW 57TH ST.	
CITY-ST-ZIP	CORAL SPRINGS, FL 33076	
TITLE	D	<input type="checkbox"/> Delete
NAME	WARREN, BAKER	
STREET ADDRESS	5636 NW 118TH DR.	
CITY-ST-ZIP	CORAL SPRINGS, FL 33076	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	CURRY, EARL	
STREET ADDRESS	11836 NW 56TH ST.	
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	P	<input checked="" 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		
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 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.

SIGNATURE: **Joseph Desiderio** 2/23/07
 Signature and typed or printed name of signing officer or director Date Daytime Phone #