

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT


FILED

2007 OCT 25 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000002437

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



Principal Place of Business
11784 W. SAMPLE RD.
103
POMPANO BEACH, FL 33065 US

Mailing Address
11784 W. SAMPLE RD.
103
POMPANO BEACH, FL 33065 US



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

10042007 Chg-NP CR2E037 (12/06)

City & State
Coral Springs

City & State
Coral Springs

Zip Country Zip Country

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

UNITED COMMUNITY MGT. CORP.
11784 W. SAMPLE RD. #103
CORAL SPRING, FL 33065

7. Name and Address of New Registered Agent

Name

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

City **Coral Springs** 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 _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

Amended AR is \$61.25

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	P	<input type="checkbox"/> Delete
NAME	DESIDERIO, JOSEPH	
STREET ADDRESS	5601 NW 117 AVE	
CITY-ST-ZIP	CORAL SPRINGS, FL 33076	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	RAEFORD, MARIANNE	
STREET ADDRESS	12044 NW 56TH ST	
CITY-ST-ZIP	POMPANO BEACH, FL 33076	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WARREN, BAKER	
STREET ADDRESS	5636 NW 118TH DR.	
CITY-ST-ZIP	CORAL SPRINGS, FL 33076	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	800111555898	
STREET ADDRESS	10/31/07--01048--019 **61.25	
CITY-ST-ZIP		
TITLE	UPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lehrer, Ellen	
STREET ADDRESS	5696 n.w. 119th way	
CITY-ST-ZIP	Coral Springs, FL 33076	
TITLE	TSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lambert, Robert	
STREET ADDRESS	5674 n.w. 119th way	
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		

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 10-18-07

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

11/26/07