

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 19, 2009  
Secretary of State**

DOCUMENT# N98000002437

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

**Current Principal Place of Business:**

11784 W. SAMPLE RD.  
103  
CORAL SPRINGS, FL 33065 US

**New Principal Place of Business:**

**Current Mailing Address:**

11784 W. SAMPLE RD.  
103  
CORAL SPRINGS, FL 33065 US

**New Mailing Address:**

**FEI Number:** 65-0858012      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: DESIDERIO, JOSEPH  
Address: 5601 NW 117 AVE  
City-St-Zip: CORAL SPRINGS, FL 33076

Title: VPD ( ) Delete  
Name: LEHRER, ELLEN  
Address: 5696 NW 119TH WAY  
City-St-Zip: CORAL SPRINGS, FL 33076

Title: TSD ( ) Delete  
Name: LAMBERT, ROBERT  
Address: 5672 NW 119TH WAY  
City-St-Zip: CORAL SPRINGS, FL 33076

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY LOU PALMER

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

AGT

02/19/2009

\_\_\_\_\_  
Date