

FILED
Feb 20, 2003 8:00 am
Secretary of State

02-03-2003 90028 032 ****61.25

**2003 NOT-FOR-PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

2/3

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**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: _____ City & State: _____

Zip: _____ Country: _____ Zip: _____ Country: _____



55008871



CHECK HERE IF MAKING CHANGES

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
STOLOFF, SCOTT
1818 AUSTRALIAN AVE SOUTH
SUITE 400
WEST PALM BEACH FL 33409

7. Name and Address of New Registered Agent
 Name: **Evolution Property Management**
 Street Address (P.O. Box Number is Not Acceptable): **953 University Drive**
 City: **Coral Springs** FL Zip Code: **33071**

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: *Cynthia Whitte* DATE: **1/20/03**

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

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD NAME: LUAT, DEBBIE STREET ADDRESS: 5684 NW 119 WAY CITY-ST-ZIP: CORAL SPRINGS FL 33076	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: FORD, STEPHANIE STREET ADDRESS: 11756 NW 56 ST CITY-ST-ZIP: CORAL SPRINGS FL 33078	<input checked="" type="checkbox"/> Delete	TITLE: Dir. NAME: Bonnie Silver STREET ADDRESS: 11941 NW 57th ST. CITY-ST-ZIP: Coral Springs FL 33076.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: TD NAME: SCHWALBE, ERIC STREET ADDRESS: 5661 NW 120 AVE CITY-ST-ZIP: CORAL SPRINGS FL 33078	<input checked="" type="checkbox"/> Delete	TITLE: Tresi NAME: Ed Buons STREET ADDRESS: 5632 NW 118th Dr CITY-ST-ZIP: Coral Springs FL 33076.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: SD NAME: CRESWELL, BILL STREET ADDRESS: 5640 NW 120 TERRACE CITY-ST-ZIP: CORAL SPRINGS FL 33078	<input checked="" type="checkbox"/> Delete	TITLE: SEC. NAME: Patty Gleason STREET ADDRESS: 11965 NW 57th Terrace CITY-ST-ZIP: Coral Springs FL 33076	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: ROSE, DAN STREET ADDRESS: 5663 NW 120 TERRACE CITY-ST-ZIP: CORAL SPRINGS FL 33078	<input type="checkbox"/> Delete	TITLE: VP NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input checked="" type="checkbox"/> Change <input 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

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 L. Luat* DATE: **1/30/03** Daytime Phone #: **954 346-0677**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)