


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2008 8:00 am
Secretary of State

02-15-2008 90001 016 ****61.25

DOCUMENT # N98000005910					
1. Entity Name PELICAN ISLES AT WYNDHAM LAKES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business C/O SWIFT MANAGEMENT SOLUTIONS, INC 1750 UNIVERSITY DRIVE, #205 CORAL SPRINGS, FL 33071 US			Mailing Address C/O SWIFT MANAGEMENT SOLUTIONS, INC 1750 UNIVERSITY DRIVE, #205 CORAL SPRINGS, FL 33071 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0874873	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SWIFT MANAGEMENT SOLUTIONS, INC. 1750 UNIVERSITY DRIVE, # 205 CORAL SPRINGS, FL 33071			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	P SALIT, RICHARD <input checked="" type="checkbox"/> Delete 5149 NW 123RD AVENUE CORAL SPRINGS, FL 33076		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Lowy, Martin <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5032 NW 125th Avenue Coral Springs, FL 33076	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MAGGIO, ALAN <input type="checkbox"/> Delete 5010 NW 123RD AVENUE CORAL SPRINGS, FL 33076		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BARKER, CHRISTA <input type="checkbox"/> Delete 12349 NW 52ND COURT CORAL SPRINGS, FL 33076		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COHEN, SAUL <input checked="" type="checkbox"/> Delete 12327 NW 52ND COURT CORAL SPRINGS, FL 33076		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Turner Ron <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 12345 NW 50 Place Coral Springs, FL 33076	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRAUSS, LEE <input type="checkbox"/> Delete 5061 NW 123RD AVENUE CORAL SPRINGS, FL 33076		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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 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 <i>Ronald W. Turner</i>			1/31/08 954-370-2727		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					