

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 23, 2009
Secretary of State**

DOCUMENT# N98000005910

Entity Name: PELICAN ISLES AT WYNDHAM LAKES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O SWIFT MANAGEMENT SOLUTIONS, INC
1750 UNIVERSITY DRIVE, #205
CORAL SPRINGS, FL 33071 US

New Principal Place of Business:

Current Mailing Address:

C/O SWIFT MANAGEMENT SOLUTIONS, INC
1750 UNIVERSITY DRIVE, #205
CORAL SPRINGS, FL 33071 US

New Mailing Address:

FEI Number: 65-0874873 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SWIFT MANAGEMENT SOLUTIONS, INC.
1750 UNIVERSITY DRIVE, # 205
CORAL SPRINGS, FL 33071 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: LOWY, MARTIN
Address: 5032 NW 125TH AVENUE
City-St-Zip: CORAL SPRINGS, FL 33076 US

Title: VP () Delete
Name: MAGGIO, ALAN
Address: 5010 NW 123RD AVENUE
City-St-Zip: CORAL SPRINGS, FL 33076 US

Title: S () Delete
Name: BARKER, CHRISTA
Address: 12349 NW 52ND COURT
City-St-Zip: CORAL SPRINGS, FL 33076 US

Title: T () Delete
Name: TURNER, RON
Address: 12345 NW 50 PLACE
City-St-Zip: CORAL SPRINGS, FL 33076 US

Title: D (X) Delete
Name: STRAUSS, LEE
Address: 5061 NW 123RD AVENUE
City-St-Zip: CORAL SPRINGS, FL 33076 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: PIERCE, PATTY
Address: 5021 NW 123RD AVE
City-St-Zip: CORAL SPRINGS, FL 33076 US

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: MARTIN LOWY

P

01/23/2009

Electronic Signature of Signing Officer or Director

Date