

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005910

FILED
Feb 15, 2011
Secretary of State

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
Name: LOWY, MARTIN
Address: 5032 NW 125TH AVENUE
City-St-Zip: CORAL SPRINGS, FL 33076 US

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

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

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

Title: D
Name: TERZER, REGINA
Address: 5113 NW 123 AVE
City-St-Zip: CORAL SPRINGS, FL 33076

I hereby 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 all other like empowered.

SIGNATURE: MARTIN LOWY

PD

02/15/2011

Electronic Signature of Signing Officer or Director

_____ Date