

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90218 037 \*\*\*150.00

**DOCUMENT # P98000080693**

1. Entity Name  
THE WYNDHAM ORGANIZATION, INC.



Principal Place of Business  
29656 U.S. HWY. 19 NORTH, STE. 100  
CLEARWATER, FL 33761

Mailing Address  
29656 U.S. HWY. 19 NORTH, STE. 100  
CLEARWATER, FL 33761

40083938



2. Principal Place of Business - No P.O. Box #  
28059 US Hwy 19 N

3. Mailing Address  
28059 US Hwy 19 N

Suite, Apt. #, etc.  
Ste 302

Suite, Apt. #, etc.  
Ste 302

City & State  
Clearwater FL

City & State  
Clearwater FL

Zip 33761 Country US

Zip US 33761 Country

02122007 Chg-P CR2E034 (12/06)

4. FEI Number  
59-3533197

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GENTILE, MICHAEL L  
29656 U.S. HWY. 19 NORTH, STE. 100  
CLEARWATER, FL 33761

7. Name and Address of New Registered Agent

Name  
Gentile, Michael L

Street Address (P.O. Box Number is Not Acceptable)

28059 US Hwy 19 N Ste 302

City Clearwater FL Zip Code 33761

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME D MINIERI, CARL ☐ Delete  
STREET ADDRESS 29656 U.S. HWY. 19 NORTH, STE. 100  
CITY-ST-ZIP CLEARWATER, FL 33761

TITLE  
NAME ☒ Change ☐ Addition  
STREET ADDRESS 28059 US Hwy 19 N  
CITY-ST-ZIP Clearwater, FL 33761

TITLE  
NAME P GENTILE, MICHAEL ☐ Delete  
STREET ADDRESS 29656 US HWY 19 N. STE 100  
CITY-ST-ZIP CLEARWATER, FL 33761

TITLE  
NAME ☒ Change ☐ Addition  
STREET ADDRESS 28059 US Hwy 19 N  
CITY-ST-ZIP Clearwater, FL 33761

TITLE  
NAME S MINIERI, CARL N ☐ Delete  
STREET ADDRESS 29656 US HWY 19 N. STE 100  
CITY-ST-ZIP CLEARWATER, FL 33761

TITLE  
NAME ☒ Change ☐ Addition  
STREET ADDRESS 28059 US Hwy 19 N  
CITY-ST-ZIP Clearwater, FL 33761

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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 607, 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:

*Michael L Gentile*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

727-725-9999