

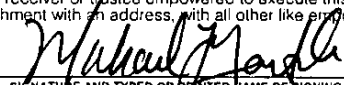


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90425 019 ***150.00

DOCUMENT # P98000097949 1. Entity Name WYNDHAM PROPERTY MANAGEMENT, INC.			
Principal Place of Business 29656 U.S. 19 N., STE. 100 CLEARWATER, FL 33761		Mailing Address 29656 U.S. 19 N., STE. 100 CLEARWATER, FL 33761	
2. Principal Place of Business - No P.O. Box # 28059 US Hwy 19N Suite, Apt. #, etc. Ste 302 City & State Clearwater, FL Zip 33761 Country US		3. Mailing Address 28059 US Hwy 19N Suite, Apt. #, etc. Ste 302 City & State Clearwater, FL Zip 33761 Country US	
		40089866 	
		02122007 Chg-P CR2E034 (12/06)	
		4. FEI Number 59-3545293	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GENTILE, MICHAEL 29656 U.S. 19 N., STE. 100 CLEARWATER, FL 33761		7. Name and Address of New Registered Agent Name Gentile, Michael Street Address (P.O. Box Number is Not Acceptable) 28059 US Hwy 19N 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	MINIERI, CARL	NAME	28059 US Hwy 19N
STREET ADDRESS	29656 U.S. 19 N., STE. 100	STREET ADDRESS	Clearwater FL 33761
CITY-ST-ZIP	CLEARWATER, FL 33761	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	GENTILE, MICHAEL L	NAME	28059 US Hwy 19N
STREET ADDRESS	29556 US 19N. STE 100	STREET ADDRESS	Clearwater, FL 33761
CITY-ST-ZIP	CLEARWATER, FL 33761	CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> Delete	TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	MINIERI, CARL N	NAME	28059 US Hwy 19N
STREET ADDRESS	29656 US HWY 19 N., STE 100	STREET ADDRESS	Clearwater, FL 33761
CITY-ST-ZIP	CLEARWATER, FL 33761	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 727-725-9999 <small>Daytime Phone #</small>	