2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 13, 2008 08:00 AN Secretary of State

	ANNUAL REPORT	
OCUMENT #	P99000056837	

1. Entity Name WYNDHAM LAKE DEVELOPMENT COMPANY Principal Place of Business Mailing Address 300 E NEW HAVEN AVE 300 E NEW HAVEN AVE US MELBOURNE, FL 32901 MELBOURNE, FL 32901 CR2E034 (11/05) 01312008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3584176 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PENCE, ROY DO NOT WRITE 300 E NEW HAVEN AVE MELBOURNE, FL 32901 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 мау Ве FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. / U000008563**6**2 PSTD TITLE PENCE, ROY NAME 300 E NEW HAVEN AVE STREET ADDRESS CITY-ST-ZIP MELBOURNE, FL 32901 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. Thereby 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 was an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

<u>Roy J. Pence</u>

3/1/08 (321) 837-0

Daytime Phone #