

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

95 APR 12 PM 12:04

DOCUMENT # 757086 (4)

1. Corporation Name
WYNDEMERE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business 385 EDMERERE WAY N NAPLES FL 33999	Mailing Address 385 EDMERERE WAY N NAPLES FL 33999
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/24/1981	3a. Date of Last Report 04/12/1994
4. FEI Number 59-2104741	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State 23	City & State 28
Zip 24	Country 25
	Zip 29
	Country 30

9. Name and Address of Current Registered Agent

**WISEMAN, TAMELA
 2150 GOODLETTE RD STE 305
 NAPLES FL 33940**

10. Name and Address of New Registered Agent

81 Name MARY JO FAUSNIGHT
82 Street Address (P.O. Box Number is Not Acceptable) 385 EDMERERE WAY NORTH
83
84 City NAPLES
85 State FL
86 Zip Code 33999

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Mary Jo Fausnight DATE: 2/27/95

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature is required when not applicable)

12. OFFICERS AND DIRECTORS

TITLE PD	NAME MARR, JOHN	STREET ADDRESS 385 EDMERERE WAY N.	CITY - ST - ZIP NAPLES FL
TITLE VD	NAME LAWRENCE, WILLIAM	STREET ADDRESS 385 EDMERERE WAY N	CITY - ST - ZIP NAPLES FL
TITLE SD	NAME BELT, JESSIE B	STREET ADDRESS 385 EDMERERE WAY N.	CITY - ST - ZIP NAPLES FL
TITLE TD	NAME BOYCE, CHARLES	STREET ADDRESS 385 EDMERERE WAY N.	CITY - ST - ZIP NAPLES FL
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D	1.2 NAME JOHN V. RANDALL	1.3 STREET ADDRESS 132 AMBLEWOOD LANE	1.4 CITY - ST - ZIP NAPLES, FL 33999	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE V/D	2.2 NAME JESSE BELT	2.3 STREET ADDRESS 151 EDMERERE WAY SOUTH	2.4 CITY - ST - ZIP NAPLES, FL 33999	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE S/D	3.2 NAME LINDA LACKORE	3.3 STREET ADDRESS 356 EDMERERE WAY NORTH	3.4 CITY - ST - ZIP NAPLES, FL 33999	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Charles R. Boyce TREAS. DATE: 2/22/95 263-7431

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Typed Name #)

CHARLES R. BOYCE