

4-10-98 BUYSOC
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Apr 10 1998 8:00am
 Secretary of State



NONPROFIT CORPORATION
 ANNUAL REPORT
 1998

FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 757086 (4)
 1. Corporation Name
 WYNDEMERE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
 385 EDGEEMERE WAY N NAPLES FL 33999
 385 EDGEEMERE WAY N NAPLES FL 33999

3. Date Incorporated or Qualified
 03/24/1981
 4. FEI Number
 59-2104741 Applied For Not Applicable

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business		2a. Mailing Address		2b. Mailing Address		2c. Mailing Address		2d. Mailing Address	
98 Wyndemere Way		98 Wyndemere Way		98 Wyndemere Way		98 Wyndemere Way		98 Wyndemere Way	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Suite, Apt. #, etc.		Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State		City & State		City & State		City & State	
Zip		Country		Zip		Country		Zip	
34105		USA		34105		USA		34105	

5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
 7. Is this nonprofit corporation a homeowners association? Yes No
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
 FAUSNIGHT, MARY JO
 385 EDGEEMERE WAY NORTH
 NAPLES FL 33999

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 98 Wyndemere Way
 83
 84 City
 FL 85 Zip Code
 34105

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VD	XX DELETE
NAME	HYMAN, MICHAEL	
STREET ADDRESS	200 WYNDEMERE WAY, #103-B	
CITY-ST-ZIP	NAPLES FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SALZER, JOHN	
STREET ADDRESS	405 ROSEMEADE LANE	
CITY-ST-ZIP	NAPLES FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GEARHART, WILSON R.	
STREET ADDRESS	507 COURTSIDE DR	
CITY-ST-ZIP	NAPLES FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LANPHERE, CHARLES A	
STREET ADDRESS	734 COURTSIDE DRIVE	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Lackore, Lu	
1.3 STREET ADDRESS	356 Edgemere Way North	
1.4 CITY-ST-ZIP	Naples, FL 34105	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: John Salzer Date: Jan 8, 1998 Daytime Phone #: 941-263-0761

CR2E037 (10/97)