

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90026 011 ****61.25

DOCUMENT # 757086

1. Entity Name

WYNDEMERE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

98 WYNDEMERE WAY
 NAPLES FL 34105
 US

98 WYNDEMERE WAY
 NAPLES FL 34105-7140
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2104741

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WISEMAN, TAMELA E
 600 FIFTH AVE. S. STE. 301
 NAPLES FL 34102

Name **Steven M. Falk Esq.**
 Street Address (P.O. Box Number is Not Acceptable)
850 Park Shore Drive
Naples
 City **FL** Zip Code **34103**

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.

SIGNATURE

Steven M. Falk

SM Falk

1/13/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **VD LACKORE, LU**
 STREET ADDRESS **356 EDMERE WAY NORTH**
 CITY-ST-ZIP **NAPLES FL 34105**

TITLE Change Addition
 NAME **VD Baldwin, Don**
 STREET ADDRESS **145 Edgemere way N**
 CITY-ST-ZIP **Naples, FL 34105**

TITLE Delete
 NAME **PD SALZER, JOHN**
 STREET ADDRESS **405 ROSEMEADE LANE**
 CITY-ST-ZIP **NAPLES FL**

TITLE Change Addition
 NAME **PD Yepsen, Harold**
 STREET ADDRESS **20 Golf Cottage Drive**
 CITY-ST-ZIP **Naples, FL 34105**

TITLE Delete
 NAME **SD GEARHART, WILSON R.**
 STREET ADDRESS **507 COURTSIDE DR**
 CITY-ST-ZIP **NAPLES FL**

TITLE Change Addition
 NAME **TD Hoffman, Sherry**
 STREET ADDRESS **216 Edgemere way S**
 CITY-ST-ZIP **Naples, FL 34105**

TITLE Delete
 NAME **TD LANPHERE, CHARLES A**
 STREET ADDRESS **734 COURTSIDE DRIVE**
 CITY-ST-ZIP **NAPLES FL**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 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 617, 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:

Sherry Hoffman
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/00

Date

(941)263-0761
 Daytime Phone #

CR2E037 (9/99)