

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2001 8:00 am
Secretary of State

03-07-2001 90606 038 ****61.25

DOCUMENT # 757086

1. Entity Name

WYNDEMERE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

**98 WYNDEMERE WAY
 NAPLES FL 34105
 US**

Mailing Address

**98 WYNDEMERE WAY
 NAPLES FL 34105
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2104741

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**FALK, STEVEN M ESQ
 850 PARK SHORE DR
 NAPLES FL 34103**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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 NAME	VD LACKORE, LU	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	356 EDMERE WAY NORTH	
CITY-ST-ZIP	NAPLES FL 34105	
TITLE NAME	PD SALZER, JOHN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	405 ROSEMEADE LANE	
CITY-ST-ZIP	NAPLES FL	
TITLE NAME	SD GEARHART, WILSON R.	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	507 COURTSIDE DR	
CITY-ST-ZIP	NAPLES FL	
TITLE NAME	TD LANPHERE, CHARLES A	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	734 COURTSIDE DRIVE	
CITY-ST-ZIP	NAPLES FL	
TITLE NAME	VD BALDWIN, DON	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	145 EDMERE WAY N	
CITY-ST-ZIP	NAPLES FL 34105	
TITLE NAME	PD YEPSEN, HAROLD	<input type="checkbox"/> Delete
STREET ADDRESS	20 GOLF COTTAGE DR	
CITY-ST-ZIP	NAPLES FL 34105	

TITLE NAME	DU Douglas, Charles	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	324 Edgemere Way E.	
CITY-ST-ZIP	NAPLES, FL 34105	
TITLE NAME	DS Geeslin, Elaine	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	725 Courtside Dr.	
CITY-ST-ZIP	NAPLES, FL 34105	
TITLE NAME	DT Hoffman, Sharon	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	216 Edgemere Way E	
CITY-ST-ZIP	NAPLES, FL 34105	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Signature Required

2/8/01 941-263-0761

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (10/00)