


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90093 012 ****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
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

8. Name and Address of Current Registered Agent
**CLASP INC.
 3001 TAMiami TRAIL N.
 4TH FLOOR
 NAPLES, FL 34103**



03142005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2104741

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name
Samouce, Murrell & Gal, P.A.

Street Address (P.O. Box Number is Not Acceptable)
5405 Park Central Court

City *Naples* FL Zip Code *34109*

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: *Robert E. Merrill as Vice President* DATE: *7-23-05*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

Filing Fee is **\$61.25** Due by **May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to **Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P BUCKEY, WARREN 98 WYNDEMERE WAY NAPLES, FL 34105 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V DUNCAN, MARTIN 98 WYNDEMERE WAY NAPLES, FL 34105 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S BIRTWISTLE, JOCLYN 98 WYNDEMERE WAY NAPLES, FL 34105 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T MAHONEY, EDWARD 98 WYNDEMERE WAY NAPLES, FL 34105 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director Zarroli, Cam 98 Wyndemere Way <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>Naples, FL 34105</i> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BASLER, JOHN 98 WYNDEMERE WAY NAPLES, FL 34105 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BLOOM, RODNEY 98 WYNDEMERE WAY NAPLES, FL 34105 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *Warren E. Bucky* DATE: *4/1/05* DAYTIME PHONE #: *(239)262-3389*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WARREN E. BUCKEY