

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 757086

FILED  
Feb 28, 2003  
Secretary of State

Entity Name: WYNDEMERE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

98 WYNDEMERE WAY  
NAPLES, FL 34105 US

**New Principal Place of Business:**

**Current Mailing Address:**

98 WYNDEMERE WAY  
NAPLES, FL 34105 US

**New Mailing Address:**

FEI Number: 59-2104741

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DV ( ) Delete  
Name: DOUGLAS, CHARLES  
Address: 324 EDGEEMERE WAY EAST  
City-St-Zip: NAPLES, FL 34105

Title: DS ( ) Delete  
Name: GEESLIN, ELAINE  
Address: 725 COURTSIDE DRIVE  
City-St-Zip: NAPLES, FL 34105

Title: DV ( ) Delete  
Name: KELLEY, ANDY  
Address: 258 EDGEEMERE WAY EAST  
City-St-Zip: NAPLES, FL 34105

Title: DT ( ) Delete  
Name: MAHONEY, EDWARD  
Address: 12 WATER OAKS WAY  
City-St-Zip: NAPLES, FL 34105

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES DOUGLAS

DP

02/28/2003

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date