

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 729996

1. Entity Name

WIMBLEDON AT JACARANDA CONDOMINIUM NO. 1, INC.

Principal Place of Business

11530 ST RD 84  
PLANTATION FL 33325  
US

Mailing Address

11530 ST RD 84  
PLANTATION FL 33325  
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 59-1522504

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEST BROWARD PROPERTY MANAGEMENT  
11530 STATE ROAD 84  
DAVIE FL 33325

Name  
WEST BROWARD COMMUNITY MANAGEMENT  
Street Address (P.O. Box Number is Not Acceptable)  
11530 STATE ROAD 84  
City DAVIE FL 33325

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.

SALVATORE FIORE, PRES.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/12/02

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 STREET ADDRESS CITY-ST-ZIP	D KILMER, CARL 114 WIMBLEDON LAKE DRIVE PLANTATION FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MIESSAU, JOHN 168 WIMBLEDON LAKE DRIVE PLANTATION FL 33324	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CASTRO, KATHY 112 WIMBLEDON LAKE DRIVE PLANTATION FL 33324	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LUTZ, MICHAEL 1509 SOUTH UNIVERSITY DRIVE FORT LAUDERDALE FL 33324	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EDUARDO, SUAREZ RIVERO 164 WIMBLEDON LAKE DRIVE PLANTATION FL 33324	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VAILLOO, LINDA 204 WIMBLEDON LAKE DR PLANTATION FL 33324	<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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Linda Vaillo R LINDA VAILLOO 2/12/02 A72-3820

FILED  
Feb 27, 2002 8:00 am  
Secretary of State

02-27-2002 90044 038 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)