

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729996

Entity Name: WIMBLEDON AT JACARANDA CONDOMINIUM NO. 1, INC.**Current Principal Place of Business:**820 SOUTH STATE ROAD 7
PLANTATION, FL 33317**Current Mailing Address:**820 SOUTH STATE ROAD 7
PLANTATION, FL 33317 US**FEI Number:** 59-1522504**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WEST BROWARD COMMUNITY MGMT
820 SOUTH STATE ROAD 7
PLANTATION, FL 33317 US*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**Officer/Director Detail :**

Title	PD
Name	JUSKIEWICZ, ROBERT
Address	820 SOUTH STATE ROAD 7
City-State-Zip:	PLANTATION FL 33317

Title	SECRETARY
Name	FRANZA, NICOLE
Address	820 SOUTH STATE ROAD 7
City-State-Zip:	PLANTATION FL 33317

Title	T
Name	LUTZ, MICHAEL
Address	820 SOUTH STATE ROAD 7
City-State-Zip:	PLANTATION FL 33317

Title	VP
Name	GORMLEY, JOANMARIE
Address	820 SOUTH STATE ROAD 7
City-State-Zip:	PLANTATION FL 33317

Title	DIRECTOR
Name	WASSERMAN, LOUIS
Address	820 SOUTH STATE ROAD 7
City-State-Zip:	PLANTATION FL 33317

Title	DIRECTOR
Name	COTTER, SUSAN
Address	820 SOUTH STATE ROAD 7
City-State-Zip:	PLANTATION FL 33317

Title	DIRECTOR
Name	CATONNET, PERLA
Address	820 SOUTH STATE ROAD 7
City-State-Zip:	PLANTATION FL 33317

I hereby 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 all other like empowered.

SIGNATURE: ROBERT JUSKIEWICZ**PRESIDENT****04/09/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date