

2021 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 MANAGEMENT, INC
820 S. 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:** THOMAS FIORE

05/04/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	CONNELL, GARRY
Address	820 S. STATE ROAD 7
City-State-Zip:	PLANTATION FL 33317
Title	TREASURER
Name	REICHENBACH, CRAIG
Address	820 SOUTH STATE ROAD 7
City-State-Zip:	PLANTATION FL 33317
Title	DIRECTOR
Name	WRIGHT, STEPHANIE
Address	820 SOUTH STATE ROAD 7
City-State-Zip:	PLANTATION FL 33317
Title	DIRECTOR
Name	URBANO, ADRIANA
Address	820 SOUTH STATE ROAD 7
City-State-Zip:	PLANTATION FL 33317

Title	SECRETARY
Name	LLOYD, NICOLE
Address	820 SOUTH STATE ROAD 7
City-State-Zip:	PLANTATION FL 33317
Title	VP
Name	MAY, CHANDRA
Address	820 SOUTH STATE ROAD 7
City-State-Zip:	PLANTATION FL 33317
Title	DIRECTOR
Name	HALSE, MATTHEW
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: GARRY CONNELL

PRESIDENT

05/04/2021

Electronic Signature of Signing Officer/Director Detail

Date