2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#721202

Apr 07, 2009 Secretary of State

Entity Name: TENNIS CLUB WINGFIELD CONDOMINIUM, INC. **Current Principal Place of Business: New Principal Place of Business:** 600 TENNIS CLUB DRIVE FT LAUDERDALE, FL 33311 **Current Mailing Address: New Mailing Address:** 600 TENNIS CLUB DRIVE FT LAUDERDALE, FL 33311 FEI Number: 59-1411810 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KAYE & BENDER, P.L 6261 NORTHWEST 6TH WAY SUITE 103 FORT LAUDERDALE, FL 33309 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete VISSCHER, ROBERT VISSCHER, ROBERT Name: Name: 610 TENNIS CLUB DRIVE #407 Address: 610 TENNIS CLUB DRIVE #407 Address: City-St-Zip: FT LAUDERDALE, FL 33311 City-St-Zip: FT LAUDERDALE, FL 33311 Title: TD Title: () Delete (X) Change () Addition BAKER, IVAN Name: CLAY, CAROL Name: Address: 610 TENNIS CLUB DRIVE #304 Address: 610 TENNIS CLUB DRIVE #307 City-St-Zip: FORT LAUDERDALE, FL 33311 City-St-Zip: FORT LAUDERDALE, FL 33311 Title: () Delete Title: () Change () Addition DEVINS, PAM Name: Name: 610 TENNIS CLUB DRIVE #301 Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33311 City-St-Zip: Title: PD () Delete Title: () Change () Addition Name: AZEVEDO, ELLEN Name: 610 TENNIS CLUB DRIVE #302 Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33311 City-St-Zip: Title: () Delete Title: () Change (X) Addition SMITH, MARK WAYNE Name: Name: 610 TENNIS CLUB DRIVE#303 Address: Address: City-St-Zip: City-St-Zip: FORT LAUDERDALE, FL 33311

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ELLEN AZEVEDO **PRES** 04/07/2009