2004 NOT-FOR-PROFIT CORPORATION

FIFT AMENDED ANNUAL REPORT **DOCUMENT #722851** 04 AUG 25 PM 12: 44 WIMBLEDON LAND ASSOCIATION, INC. SECRETARY OF STATE TALLAHASSEE FLORIDA Principal Place of Business Mailing Address WEST BROWARD PROPERTY -11530 STATE RD 84 -11530 STATE RD 84 DAVIE, FL 33325 US DAVIE, FL 33325 US 2. Principal Place of Business 3. Mailing Address 1681 NW 56 TEKR 1681 NW 56 TERR Suite, Apt. #, etc. Suite, Apt. #, etc. 06232004 Chg-NP CR2E037 (10/03) City & State City & State 4. FEI Number 59-1469533 Applied For LAUDERHILL FL Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 33*313* Fee Required ... 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BECKERE POLIAKOFF, WEST BROWARD PROPERTY MANAGEMENT INC Street Address (P.O. Box Number is Not Acceptable) 11530 STATE ROAD 84 BLUE LAGGON DR **DAVIE. FL 33325** Zip Code 33126 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to 9. Election Campaign Financing \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. VPD FRESIDENT TITLE Delete TITLE ☐ Change **X** Addition MCLAUGHLIN, JAMES 1663 NW SE TERR NAME WADE, HARRIET NAME 5800 N.W. 16TH STREET STREET ADDRESS STREET ADDRESS LAUDERHILL, FL CITY-ST-ZIP CITY-ST-7IP LAUDEAHILL FL 33313 VICE-PRESIDENT Change Addition TITLE ☐ Delete TITLE FOSTER, ALLEN HOUSTON, CAROLYN NAME NAME 1722 NW 56 AV STREET ADDRESS 5718 N.W. 19TH STREET. STREET ADDRESS CITY-ST-ZIP LAUDERHILL, FL CITY-ST-ZIP LAUDERHILL FL 33313 SECRETARY-TREASURER Thange Addition TITLE. Defete ~ TITLE: CONE, CAROL 1718 NW57 TERR CONE, CAROL NAME NAME STREET ADDRESS 1718 NW 57TH TERR STREET ADDRESS CITY-ST-ZIP LAUDERHILL, FL CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-ST-ZIE CITY-ST-ZIP 12. Thereby 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.

GAYAL G. CONV. C'AR SIGNATURE AND TYPED OA PRINTED NAME OF SIGNING OFFICER OR DIRECTOR CAROL SIGNATURE: