


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # 722851	
1. Entity Name WIMBLEDON LAND ASSOCIATION, INC.	

Principal Place of Business 1681 N.W. 56 TERRACE LAUDERHILL, FL 33313 US	Mailing Address 1681 N.W. 56 TERRACE LAUDERHILL, FL 33313 US
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DO NOT WRITE IN THIS SPACE



04212005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1469533	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BECKER & POLIAKOFF, P.A. 5201 BLUE LAGOON DRIVE, STE 100 MIAMI, FL 33126
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating)</small>	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MC LAUGHLIN, JAMES 1663 N.W. 56 TERRACE LAUDERHILL, FL 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOUSTON, CAROLYN 5718 N.W. 19TH STREET. LAUDERHILL, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CONE, CAROL 1718 NW 57TH TERR LAUDERHILL, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FOSTER, ALLEN 1722 N.W. 56 AVENUE LAUDERHILL, FL 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000328524
04/25/05-80083-002 61.25

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: <u>Carol A. Cone</u> CAROL A. CONE ST <u>4/21/05</u> <u>934-735-2751</u>	Date	Daytime Phone #
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