

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-14-2006 90021 006 ****61.25

66006923



1st MOORE CR2E037 (10/05)

DOCUMENT # 726141					
1. Entity Name WENDIMER VILLAS PHASE I CONDOMINIUM APARTMENTS ASSOCIATION INC					
Principal Place of Business P.O. BOX 4323 TEQUESTA FL 33469			Mailing Address P.O. BOX 4323 TEQUESTA FL 33469		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-1488991	
				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 SOBEL, SANDRINE 411 N CYPRESS DR 14 TEQUESTA FL 33469				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing.)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P ZENTZ, CONSTANCE 407 N CYPRESS DR #4 TEQUESTA FL 33469	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	S Jackie Mullins 141 E. Riverside Dr. unit #36 Jupiter, Florida, 33469	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T SOBEL, SANDRINE 411 N CYPRESS DR #14 TEQUESTA FL 33469	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP GRENELL, ROBERT 11592-167TH PL N JUPITER FL 33478	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S PIERCEY, DAVID 103 SEAHORSE LN JUPITER FL 33477	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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>Sandrine Sobel</u>			3/1/06 561-856-3316		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Chapter Fee</small>		



ATTACHMENT
66006 923

FLORIDA DEPARTMENT OF STATE
Division of Corporations

3/20/06
revised

March 16, 2006

WENDIMER VILLAS PHASE I CONDOMINIUM APARTMENTS ASSOCIAT
P.O. BOX 4323
TEQUESTA, FL 33469

Subject: **WENDIMER VILLAS PHASE I CONDOMINIUM APARTMENTS**

Reference Number: **726141**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Provide the title(s) of each officer/director listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

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ANNUAL REPORTS SECTION