2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2009
Secretary of State

DOCUMENT# 726141

Entity Name: WENDIMER VILLAS PHASE I CONDOMINIUM APARTMENTS ASSOCIATION INC

Current Principal Place of Business:

P.O. BOX 4323
TEQUESTA, FL 33469

New Principal Place of Business:

411 N CYPRESS DRIVE
APT #14
TEQUESTA, FL 33469

Current Mailing Address:

P.O. BOX 4323
TEQUESTA, FL 33469

New Mailing Address:

FEI Number: 59-1488991 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SOBEL, SANDRINE
411 N CYPRESS DR
14
TEQRESTA, FL 33469 US

Name and Address of New Registered Agent:

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:

Title:	P	( ) Delete
Name:	ZENTZ, CONSTANCE	
Address:	407 N CYPRESS DR #4	
City-St-Zip:	TEQUESTA, FL 33469	
Title:	T	( ) Delete
Name:	SOBEL, SANDRINE	
Address:	411 N CYPRESS DR #14	
City-St-Zip:	TEQUESTA, FL 33469	
Title:	VP	( ) Delete
Name:	BARNES, RONALD	
Address:	407 N. CYPRESS DR. CONDO #5	
City-St-Zip:	TEQUESTA, FL 33469	
Title:	S	( ) Delete
Name:	MULLINS, JACKIE	
Address:	141 E RIVERSIDE DR UNIT 36	
City-St-Zip:	JUPITER, FL 33469	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: SANDRINE SOBEL T 01/14/2009

Electronic Signature of Signing Officer or Director — Date