

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham,
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 MAY 15 AM 8:54

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 726961

1. Corporation Name

WIMBLEDON TOWNHOUSE CONDO II
ASSOCIATION, INC.
LACONER HILL, FL

Principal Place of Business

Mailing Address

7686 WILES ROAD
CORAL SPRINGS FL 33067
US

7686 WILES ROAD
CORAL SPRINGS FL 33067-2069
US

REINSTATEMENT

3. Date Incorporated or Qualified	3a. Date of Last Report
4. FEI Number 59-1469534	Applied For Not Applicable
6. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

25 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

8. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name	CONSOLIDATED COMM. MGMT. INC.
82 Street Address (P.O. Box Number is Not Acceptable)	
83	7686 WILES RD.
84 City	CORAL SPRINGS, FL
85 Zip Code	33067

11. Pursuant to the provisions of Sections 817.0502 and 817.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 817.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	CAROL CONE - D
STREET ADDRESS		1.3 STREET ADDRESS	7686 WILES ROAD
CITY-ST-ZIP		1.4 CITY-ST-ZIP	CORAL SPRINGS FL 33067
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	V.P.
NAME		2.2 NAME	ED MAUDERICK - D
STREET ADDRESS		2.3 STREET ADDRESS	7686 WILES RD
CITY-ST-ZIP		2.4 CITY-ST-ZIP	CORAL SPRINGS FL 33067
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	BCC
NAME		3.2 NAME	ANTHONY RAJMANU - D
STREET ADDRESS		3.3 STREET ADDRESS	7686 WILES AD
CITY-ST-ZIP		3.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33067
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	000002188450 - 7
STREET ADDRESS		4.3 STREET ADDRESS	-05/22/97--01103--004
CITY-ST-ZIP		4.4 CITY-ST-ZIP	*****175.00 *****175.00
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	000002188450 - 7
STREET ADDRESS		5.3 STREET ADDRESS	-05/22/97--01103--005
CITY-ST-ZIP		5.4 CITY-ST-ZIP	*****61.25 *****61.25
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	000002188450 - 7
STREET ADDRESS		6.3 STREET ADDRESS	-05/22/97--01103--006
CITY-ST-ZIP		6.4 CITY-ST-ZIP	*****61.25 *****61.25

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 or is shown as an attachment with an address.

SIGNATURE: _____ 954-341-7520