

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 08, 2000 8:00 am**  
**Secretary of State**

02-08-2000 90141 035 \*\*\*\*61.25

**DOCUMENT # 726961**

1. Entity Name

**WIMBLEDON TOWNHOUSE CONDOMINIUM II ASSOCIATION,**

Principal Place of Business

Mailing Address

**7686 WILES RD  
 CORAL SPRINGS FL 33067-2069**

**7686 WILES RD  
 CORAL SPRINGS FL 33067-2069**

00016116



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1469534**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CONSOLIDATED COMMERCIAL MANAGEMENT, INC.  
 7686 WILES RD  
 CORAL SPRINGS FL 33067**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input type="checkbox"/> Delete
NAME	RAJMAN, ANTHONY	
STREET ADDRESS	7686 WILES RD	
CITY-ST-ZIP	CORAL SPRINGS FL 33067-2069	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CONE, CAROL	
STREET ADDRESS	7686 WILES RD	
CITY-ST-ZIP	CORAL SPRINGS FL 33067-2069	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MAVERICK, ED	
STREET ADDRESS	7686 WILES RD	
CITY-ST-ZIP	CORAL SPRINGS FL 33067-2069	
TITLE	DT	<input type="checkbox"/> Delete
NAME	MCCARTHY, JUDY	
STREET ADDRESS	5609 NW 18 ST	
CITY-ST-ZIP	LAUDERHILL FL 33313	
TITLE	D	<input type="checkbox"/> Delete
NAME	RAWLENS, LOUGILLA	
STREET ADDRESS	1716 NW 57 T	
CITY-ST-ZIP	LAUDERHILL FL 33313	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BARNOS, TERENCE	
STREET ADDRESS	5715 NW 17 CT	
CITY-ST-ZIP	LAUDERHILL FL 33313	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *SIGNATURE REQUIRED*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/00 954 735-2751  
 Date Daytime Phone #