


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90209 021 \*\*\*\*61.25

<b>DOCUMENT # 729394</b>	
1. Entity Name <b>WIMBLEDON AT JACARANDA LAND ASSOCIATION, INC.</b>	

Principal Place of Business <b>11530 ST RD 84 PLANTATION, FL 33325 US</b>	Mailing Address <b>11530 ST RD 84 PLANTATION, FL 33325 US</b>
<b>CORRECTION</b>	

2. Principal Place of Business <b>11530 ST RD 84</b>	3. Mailing Address <b>11530 ST RD 84</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>DAVIE FL</b>	City & State <b>DAVIE FL</b>
Zip <b>33325</b>	Country <b>US</b>
Country <b>US</b>	Zip <b>33325</b>

01112006 Chg-NP CR2E037 (11/05)

4. FEI Number <b>59-1522505</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

<b>6. Name and Address of Current Registered Agent</b>
<b>FIORE, SALVATORE 11530 STATE ROAD 84 DAVIE, FL 33325</b>

<b>7. Name and Address of New Registered Agent</b>
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D STARK, BARBARA 141 SW 94TH TERR PLANTATION, FL 33324</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD HELLMICH, PAT 132 WIMBLEDON LAKE DRIVE PLANTATION, FL</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KILMER, CARL 114 WIMBLEDON LAKES DRIVE PLANTATION, FL 33324</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD LUTZ, MICHAEL 1509 S UNIVERSITY DR PLANTATION, FL 33324</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD CASTRO, KATHY 112 WIMBLEDON LAKE DRIVE PLANTATION, FL 33324</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>RAYMAKER, ROBERTA "BOBBY" 219 WIMBLEDON LAKE DRIVE PLANTATION FL 33324</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** *Kathy Castro* **4/18/06** **954-370-8731**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #