

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729394

FILED
Apr 23, 2009
Secretary of State

Entity Name: WIMBLEDON AT JACARANDA LAND ASSOCIATION, INC.

Current Principal Place of Business:

11530 ST RD 84
PLANTATION, FL 33325 US

New Principal Place of Business:

Current Mailing Address:

11530 ST RD 84
PLANTATION, FL 33325 US

New Mailing Address:

FEI Number: 59-1522505

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FIORE, SALVATORE
11530 STATE ROAD 84
DAVIE, FL 33325 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: D () Delete
Name: STARK, BARBARA
Address: 141 SW 94TH TERR
City-St-Zip: PLANTATION, FL 33324

Title: S () Delete
Name: CASTRO, KATHLEEN
Address: 112 WIMBLEDON LAKE DRIVE
City-St-Zip: PLANTATION, FL 33324

Title: T () Delete
Name: LUTZ, MIKE
Address: 1509 S UNIVERSITY DR
City-St-Zip: PLANTATION, FL 33324

Title: P (X) Delete
Name: RAYMAKER, ROBERTA
Address: 219 WIMBLEDON LAKE DRIVE
City-St-Zip: PLANTATION, FL 33324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: RAYMAKER, ROBERTA
Address: 219 WIMBLEDON LAKE DRIVE
City-St-Zip: PLANTATION, FL 33324

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: ROBERTA RAYMAKER

P

04/23/2009

Electronic Signature of Signing Officer or Director

Date