

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752563

FILED
Mar 16, 2005
Secretary of State

Entity Name: WIMBLEDON PARK RECREATION ASSOCIATION, INC.

Current Principal Place of Business:

2180 W SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 W SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 59-1465206

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W
SENTRY MANAGEMENT, INC.
2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 32779 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: PD () Delete
Name: LOSAPIO, STEVE
Address: 3236-22 SEMORAN BLVD S
City-St-Zip: ORLANDO, FL 32822

Title: VPD () Delete
Name: MURGIA, LOUIS A
Address: 2498-1201 SEMORAN BLVD S
City-St-Zip: ORLANDO, FL 32822

Title: SD () Delete
Name: LARR, PATRICIA
Address: 3030-6 SEMORAN BLVD S
City-St-Zip: ORLANDO, FL 32822

Title: TD () Delete
Name: KUSLUCH, JOHN
Address: 2912-9 SEMORAN BLVD S
City-St-Zip: ORLANDO, FL 32822

Title: D () Delete
Name: FALK, ROBERT
Address: 3246-12 SEMORAN BLVD S
City-St-Zip: ORLANDO, FL 32822

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change () Addition
Name: COLLEY, RONEE
Address: 3286-21 SEMORAN BLVD S
City-St-Zip: ORLANDO, FL 32822

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

Title: D (X) Change () Addition
Name: FLOWERS, MARY LOU
Address: 3100-5 SEMORAN BLVD S
City-St-Zip: ORLANDO, FL 32822

I hereby certify that the information supplied with this filing does not qualify for the 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 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: STEVE LOSAPIO

PD

03/16/2005

Electronic Signature of Signing Officer or Director

Date