

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 27 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # N08153 (1)**

1. Corporation Name

WIMBLEDON VILLAS AT TOWN PLACE, INC.

Principal Place of Business

**2801 N. MILITARY TRAIL
BOCA RATON FL 33431
US**

Mailing Address

**2801 N. MILITARY TRAIL
BOCA RATON FL 33431-6316
US**3. Date Incorporated or Qualified
03/14/19853a. Date of Last Report
01/25/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.**22** City & State**23** Zip

Country

24**25**

2a. Mailing Address

26 Suite, Apt. #, etc.**27** City & State**28** Zip

Country

29**30**

4. FEI Number

59-2561580

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75 Additional
Fee Required**6. Election Campaign Financing
Trust Fund Contribution☐**\$5.00 May Be
Added to Fees**8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☐ No

9. Name and Address of Current Registered Agent

**HAAG MGMT. C/O DAVID HAAG
2801 N. MILITARY TRL
BOCA RATON FL 33431**

10. Name and Address of New Registered Agent

61 Name**62** Street Address (P.O. Box Number is Not Acceptable)**63****64** City**FL****65** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE
NAME **JACOBS, JOSEPH**
STREET ADDRESS **5545 ILFORD COURT**
CITY-ST-ZIP **BOCA RATON FL**TITLE **VPD** ☐ DELETE
NAME **BROWN, FRED**
STREET ADDRESS **5528 ASHPON COURT**
CITY-ST-ZIP **BOCA RATON FL**TITLE **TD** ☐ DELETE
NAME **KOORSE, DONALD**
STREET ADDRESS **21667 CROMWELL CIRCLE**
CITY-ST-ZIP **BOCA RATON FL**TITLE **SD** ☒ DELETE
NAME **PATTEK, JEFF**
STREET ADDRESS **21704 WAPFORD WAY**
CITY-ST-ZIP **BOCA RATON FL**TITLE **VPD** ☐ DELETE
NAME **BADACH, DONNA LEMIG**
STREET ADDRESS **5540 FOX HOLLOW DRIVE**
CITY-ST-ZIP **BOCA RATON FL**TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **SD** ☐ Change ☒ Addition
1.2 NAME **RUSH, S. TODD**
1.3 STREET ADDRESS **5626 CROYDON COURT**
1.4 CITY-ST-ZIP **BOCA RATON, FL 33486**2.1 TITLE **D** ☐ Change ☒ Addition
2.2 NAME **GREENBAUM, LEONARD**
2.3 STREET ADDRESS **5525 ILFORD COURT**
2.4 CITY-ST-ZIP **BOCA RATON, FL 33486**3.1 TITLE **PD** ☒ Change ☐ Addition
3.2 NAME **BROWN, FRED**
3.3 STREET ADDRESS **5528 ASHPON COURT**
3.4 CITY-ST-ZIP **BOCA RATON, FL 33486**4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **S. Todd Rush**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/97

Date

561-241-0285

Daytime Phone # 0036688

CR2E037 (9/96)