CORPORATION ANNUAL REPORT

1999

Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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Secretary of State
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1. Corporation Name

WIMBLEDON VILLAS AT TOWN PLACE, INC.

Principal Place of Business	Mailing Address
2801 N. MILITARY TRAIL BOCA RATON FL 33431 US	2801 N. MILITARY TRAIL BOCA RATON FL 33431 US

[redacted]

2. Principal Place of Business: 3475 North Hiatus Road Suite, Apt. #, etc. 22 Sunrise, FL City & State 23 33351 Zip / Country 24 / 25	2a. Mailing Address: 26 3475 North Hiatus Road Suite, Apt. #, etc. 27 Sunrise, FL City & State 28 33351 Zip / Country 29 / 30	3. Date Incorporated or Qualified: 03/14/1985 4. FEI Number: 59-2561580 ☐ Applied For ☐ Not Applicable 5. Certifcate of Status Desired ☐ $8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HAAG MGMT. C/O DAVID HAAG 2801 N. MILITARY TRL BOCA RATON FL 33431	81 Name: A & M Property Mgt. Inc. 82 Street Address (P.O. Box Number is Not Acceptable): 3475 North Hiatus Rd. 83 Sunrise, Florida 84 City: FL 85 Zip Code: 33351

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VPD	☐ DELETE	1.1 TITLE	V.P/D	☐ Change ☐ Addition
NAME	MRCHESANI MARIE		1.2 NAME	MARCHESANI, MARIE	
STREET ADDRESS	5620 AMERSHAM WAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-ST-ZIP		
TITLE	TD	☑ DELETE	2.1 TITLE	President / Director	☐ Change ☑ Addition
NAME	KOORSE DON		2.2 NAME	Barry Hefferen	
STREET ADDRESS	21667 CROMWELL CIR		2.3 STREET ADDRESS	23260 Clarino Del Mar #307	
CITY-ST-ZIP	BOCA RATON FL		2.4 CITY-ST-ZIP	Boca Raton, Fla. 33433	
TITLE	PD	☑ DELETE	3.1 TITLE	Secretary / Director	☐ Change ☑ Addition
NAME	BROWN, FRED		3.2 NAME	Diane Stoi	
STREET ADDRESS	5528 ASHPON CT		3.3 STREET ADDRESS	5496 Zoft Hollow	
CITY-ST-ZIP	BOCA RATON FL		3.4 CITY-ST-ZIP	Boca Raton, Fla. 33486	
TITLE	D	☑ DELETE	4.1 TITLE	Treasurer / Director	☐ Change ☐ Addition
NAME	GREENBAUM, LEONARD		4.2 NAME	Robert STERN	
STREET ADDRESS	5525 ILFORD CT		4.3 STREET ADDRESS	21720 Wappora Way	
CITY-ST-ZIP	BOCA RATON FL		4.4 CITY-ST-ZIP	Boca Raton, Fla 33486	
TITLE	VPD	☑ DELETE	5.1 TITLE	Director	☐ Change ☑ Addition
NAME	BADACH, DONNA LEMIG-		5.2 NAME	Gary Van Aster	
STREET ADDRESS	5540 FOX HOLLOW DRIVE		5.3 STREET ADDRESS	5544 Eton Ct.	
CITY-ST-ZIP	BOCA RATON FL		5.4 CITY-ST-ZIP	Boca Raton, Fla 33486	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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14. 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 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, with all other like empowered.

SIGNATURE: [signature] [illegible] REQUIRED April 16, 1999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #