

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90056 026 ****61.25

DOCUMENT # **N08153**

1. Entity Name

WIMBLETON VILLAS AT TOWN PLACE, Inc

Principal Place of Business

Mailing Address

**2200 N. Federal Hwy.
 Suite 212**

Boca Raton, FL 33431

2. Principal Place of Business

2200 N. Federal Hwy.

Suite, Apt. #, etc.

212

City & State

Boca Raton, FL

Zip

Country

33431

USA

3. Mailing Address

2200 N. Federal Hwy.

Suite, Apt. #, etc.

212

City & State

Boca Raton, FL

Zip

Country

33431

USA

4. FEI Number

59-2561580

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

A+M Property Mgt. Inc.

3475 Harbor Hints Rd.

Sunrise FL 33351

7. Name and Address of New Registered Agent

Name **LENNIE PLAZUE**

Street Address (P.O. Box Number is Not Acceptable)

2200 North Federal Hwy.

Suite 212

City

Boca Raton,

FL

Zip Code
33431

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.

SIGNATURE

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/00

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P/O	☐ Delete
NAME	MARIE MARCHESANI	
STREET ADDRESS	5620 AMERSHAM WAY	
CITY-ST-ZIP	BOCA RATON, FL 33486	
TITLE	T/O	☐ Delete
NAME	ROBERT STEFER STEREN	
STREET ADDRESS	21720 WAPFORD WAY	
CITY-ST-ZIP	BOCA RATON, FL 33486	
TITLE	S/O	☐ Delete
NAME	MURRAY WEISS	
STREET ADDRESS	5524 ASHAW COURT	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	V/O	☐ Delete
NAME	GARY VAN ASTEN	
STREET ADDRESS	5544 ETON COURT	
CITY-ST-ZIP	BOCA RATON, FL 33486	
TITLE	Cleaner Star-D	☐ Delete
NAME	5496 7th Hollow Dr	
STREET ADDRESS	Boca Raton, Fla 33486	
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] **MARIE MARCHESANI**

Date

Daytime Phone

219/292-1010

CR2E037 (9/99)