

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90295 038 ****61.25

DOCUMENT # N08153 1. Entity Name WIMBLEDON VILLAS AT TOWN PLACE, INC.					
Principal Place of Business C/O SWIFT MANAGEMENT SOLUTIONS, INC. 1750 UNIVERSITY DRIVE #205 CORAL SPRINGS, FL 33071 US				Mailing Address WIMBLEDON VILLAS PO BOX 272474 WEST PALM BEACH, FL 33411 US	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BECLER & POLIAKOFF, PA ATTN: PETER C. MOLLENGARDEN, ESQ. 500 AUSTRALIAN AVE. SOUTH, 9TH FLOOR W. PALM BEACH, FL 33401				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HELFENBEIN, BARRY 23200 CAMINO DEL MAR #307 BOCA RATON, FL 33433 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STERNBERG, ANDREW 21696 CROMWELL CIRCLE BOCA RATON, FL 33486 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STAN, ELEANOR 5496 FOX HOLLOW DRIVE BOCA RATON, FL 33486 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TEMERSON, NOREEN 21696 WARFORD WAY BOCA RATON, FL 33486 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ANDERSON, MARGARET 464 LAKE FORESTE-SO. LANE BOCA RATON, FL 33486 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOCUS, HANK 5500 FOX HOLLOW DR BOCA RATON, FL 33486 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: <i>Eleanor Stan</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 4/6/04 Daytime Phone #: 954-427-8770		