2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State
05-02-2005 90433 035 ****61.25

DOCUMENT # N08153

1. Entity Name
WIMBLEDON VILLAS AT TOWN PLACE, INC.

Principal Place of Business	Mailing Address
C/O SWIFT MANAGEMENT SOLUTIONS,INC. 1750 UNIVERSITY DRIVE #205 CORAL SPRINGS, FL 33071 US	WIMBLEDON VILLAS PO BOX 272474 WEST PALM BEACH, FL 33411 US

03282005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
CAMPBELL PROPERTY	CAMPBELL PROPERTY
Suite, Apt. #, etc.: 1215 E HILLSBORO BLVD	Suite, Apt. #, etc.: 1215 E HILLSBORO BLVD
City & State: DEERFIELD BEACH FL	City & State: DEERFIELD BEACH, FL
Zip: 33441 Country:	Zip: 33441 Country:

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

BECLER & POLIAKOFF, PA
ATTN: PETER C. MOLLENGARDEN, ESQ.
500 AUSTRALIAN AVE. SOUTH, 9TH FLOOR
W. PALM BEACH, FL 33401

7. Name and Address of New Registered Agent

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, 2005

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	PD HELFENBEIN, BARRY 23200 CAMINO DEL MAR #307 BOCA RATON, FL 33433	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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	D STEINBERG LEE 21718 WAFFORD WAY BOCA RATON, FL 33486	☐ 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 ANDERSON, MARGARET 426 LAKE POINTE SOUTH LANE BOCA RATON, FL 33486	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD TEMERSIN, NOREEN 21696 WAFFORD WAY 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	D REIFF, CHARLENE 21708 WAFFORD WAY BOCA RATON, FL 33486	☐ 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: Eleanor Stan, V.P. Director 4/12/05 (561) 367-0190
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #