2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State
05-07-2007 90067 021 ****61.25

DOCUMENT # N08153

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

Principal Place of Business	Mailing Address
FEDERAL HOME & PROPERTY MGMT P.O. BOX 811180 BOCA RATON, FL 33481 US	FEDERAL HOME & PROPERTY MGMT P.O. BOX 811180 BOCA RATON, FL 33481 US

04092007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / 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	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: Becker & Poliakoff P.A. Street Address (P.O. Box Number is Not Acceptable): Attn: Peter C. Mollengarden, Esq. 625 ~~N. Flagler~~ No. Flagler Drive, 7th Floor City: West Palm Beach FL Zip Code: 33401

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: Peter C. Mollengarden DATE: 4/30/07
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, 2007

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	PRES HELFANBEIN 21704 WAPFORD WAY BOCA RATON FL. 33486	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HORN, PATRICE 21728 WAPFORD WAY BOCA RATON, AL 33486	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD PATRICE HORN 21728 WAPFORD 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	TD ANGELA SANTAGUIDA 5452 FOX HOLLOW DRIVE BOCA RATON, FL. 33486	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD TEMERSON, NOREEN 21696 WAPFORD WAY BOCA RATON, FL 33486	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ~~ANGELA~~ ANITA GARMENDIA 5519 FOX HOLLOW DRIVE BOCA RATON, FL. 33486	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D REIFF, CHARLENE 21708 WAPFORD WAY BOCA RATON, FL 33486	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ATTILA G. VIDA 5545 ILFORD LANE 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 exemptions contained in Chapter 119, 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: BARRY HELFANBEIN 4/12/07 561 362 9729
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #