

2007 Not-For-Profit Corporation - Annual Report
WIMBLEDON GREENS HOMEOWNERS' ASSOCIATION, INC.

Document # 137311



FILED
Feb 21, 2007 8:00 am
Secretary of State

02-21-2007 90024 022 ****61.25

| | | | |
|---|---------|--|---------|
| Principal Place of Business 5245 LOCHMEAD TERR ZEPHYRHILLS FL 33541 US | | Mailing Address 5245 LOCHMEAD TERR ZEPHYRHILLS FL 33541 US | |
| 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 59-3063690 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent CARLE, STEPHEN D 38410 NORTH AVENUE ZEPHYRHILLS FL 33542 | | 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

Signature typed or printed name of registered agent and his or her signature.

(NOTE: Registered Agent signature required when transferring)

DATE

FILE NOW: 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-STATE-ZIP | DV CLOER, SHERRI 5131 LOCHMEAD TERR ZEPHYRHILLS FL 33541 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | DP ZOMBRO, PRUDENCE 5336 LOCHMEAD TERR ZEPHYRHILLS FL 33541 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-STATE-ZIP | DP Angel Burch 5139 Lochmead Terr Zephyrhills, FL 33541 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | D LOVEALL, DALE 5213 LOCHMEAD TERR ZEPHYRHILLS FL 33541 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | DT NOWERS, GORDON 5245 LOCHMEAD TERR ZEPHYRHILLS FL 33541 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | DS BORDEN, BEVERLY 5223 LOCHMEAD TERR ZEPHYRHILLS FL 33541 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-STATE-ZIP | D Borden, Beverly 5223 Lochmead Terr Zephyrhills, FL 33541 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-STATE-ZIP | S June Poole 5143 Lochmead Terr Zephyrhills, FL 33541 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Gordon W. Nowers **GORDON W. NOWERS, DT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB. 6, 2007 **813-788-4752**

Date

Daytime Phone