2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 30, 2005 08:00 AM **DOCUMENT # 709954** 1. Entity Name **Secretary of State** WILEY CONDOMINIUM APTS., INC. Principal Place of Business Mailing Address 1719 WILEY STREET 1719 WILEY STREET UNIT 15 HOLLYWOOD FL 33020 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt #, etc. 1st MOORE CR2E037 (10/04) City & State Applied For City & State 4. FEI Number 59-1202375 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MONTICELLI, GLADYS Street Address (P.O. Box Number is Not Acceptable) 1719 WILEY STREET UNIT 15 HOLLYWOOD FL 33020 City Zip Code FI 3. 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 title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2005 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Delete TITLE ☐ Addition Change GLASHOW, BASIL L NAME 1715 WILEY ST. APT 12 STREET ADDRESS STREET ADORESS HOLLYWOOD FL 33020 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change ☐ Addition MONTICELLI, GLADYS NAME NAME 1715 WILEY ST., APT. 15 STREET ADDRESS STREET ADDRESS. HOLLYWOOD FL 33020 CITY-ST-ZIP CHY-SI-ZIP TITLE Delete TITLE ☐ Change ☐ Addition MARGELU, DANIEL NAME 1715 WILEY ST., APT. 19 STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33020 CITY-ST-7IP CITY-ST ZIP ISTLE ☐ Delete HUE ☐ Change ☐ Addition U00000280793 03/30/05-80034-015 61.25 MONTELLO, ALBERT NAME NAME 1715 WILEY ST, #8 STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33020 CITY ST-ZIP CITY-ST-ZIP TITLE Delele Change Addition REESE, CRAIG E NAME P O BOX 220143 N/A STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33020 CATY - ST - ZIP CLY-ST-ZIP DILE Delete □ Change ☐ Addition MORROW, CYRIL NAME 1715 WILEY ST, APT #17 STREET ADDRESS STREET ADURESS HOLLYWOOD FL 33020 CSTY ST-71P CITY-S1- 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 add/eas, with all other like empowered.

SIGNATURE:

SLADYS MONTICELLI

FILED