2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2009
Secretary of State

DOCUMENT# 709954

Entity Name: WILEY CONDOMINIUM APTS., INC.

Current Principal Place of Business:

1719 WILEY STREET
UNIT 15
HOLLYWOOD, FL 33020

New Principal Place of Business:

Current Mailing Address:

1719 WILEY STREET
UNIT 15
HOLLYWOOD, FL 33020 US

New Mailing Address:

1719 WILEY STREET
UNIT 15
HOLLYWOOD, FL 33020

FEI Number: 59-1202375 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MONTICELLI, GLADYS
1719 WILEY STREET UNIT 15
HOLLYWOOD, FL 33020 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MONTICELLI, GLADYS
Address: 1715 WILEY ST., APT. 15
City-St-Zip: HOLLYWOOD, FL 33020

Title: D ( ) Delete
Name: MONTELLO, ALBERT
Address: 1715 WILEY ST, #8
City-St-Zip: HOLLYWOOD, FL 33020

Title: VP ( ) Delete
Name: REESE, CRAIG E
Address: P O BOX 220143 N/A
City-St-Zip: HOLLYWOOD, FL 33020

Title: S ( ) Delete
Name: MORROW, CYRIL
Address: 1715 WILEY ST, APT #17
City-St-Zip: HOLLYWOOD, FL 33020

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D ( ) Change (X) Addition
Name: SAYAN, MARIA DEL CARM
Address: 1719 WILEY ST., APT #2
City-St-Zip: HOLLYWOOD, FL 33020

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLADYS MONTICELLI P 02/11/2009

Electronic Signature of Signing Officer or Director — Date