## 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # 709954

1. Entity Name

WILEY CO	NDOMINIUM APTS., INC.		-28-2003 90347 0	032 **** 01.2				
1719 WILEY STREET 17: UNIT 15 UN HOLLYWOOD FL 33020 HO		Mailing Address 1719 WILEY STREET UNIT 15 HOLLYWOOD FL 33020 US	1719 WILEY STREET UNIT 15 HOLLYWOOD FL 33020		8156 18481 91314 <b>9181 818</b> 34 81		<b>.</b>	
2. Principal Place of Business 3.		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Number 59-1202375			lied For Applicable	
Zip	Country	Zip	Country	5. Certificate of Statu	us Desired	\$8.75 Addit	ional	
	6. Name and Address of Current		7. Name and Address of New Registered Agent					
				Name				
MONTICELLI, GLADYS 1719 WILEY STREET UNIT 15 HOLLYWOOD FL 33020			Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
			City	City FL Zip Code				
the obligat	named entity submits this statement for ions of registered agent.  Signature, typed or printed name of registered agent.  FILE NOW: FEE IS \$61.25	and title if applicable. (NOTE	:: Registered Agent signature requ npaign Financing		DATE	:k Payable t	<b>-</b>	
10.	OFFICERS AND DI	RECTORS	11.	ADDITIONS/CHANGES	TO OFFICERS AND D	IRECTORS IN 1	0	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLASHOW, BASIL L 1715 WILEY ST. APT 12 HOLLYWOOD FL 33020	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	rector Ashow, Bash US WILEYST DLLY WOOD, DESIDENT	FL 33020	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MONTICELLI, GLADYS 1715 WILEY ST., APT. 15 HOLLYWOOD FL 33020	Delete	MAME	RESIDENT ONTICELLI, GL 15 WILEY OLLY WOOT RECTOR	ADUS		Addition	
STREET ADDRESS	D MARGELU, DANIEL 1719 WILEY ST. APT 19 HOLLYWOOD FL 33020	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>W C.W. II</i>	VIEL T. APT & 1 FL 3302	9	Addition	
TITLE NAME	S GALACRI, RONI 1715 WILEY ST., APT. 3 HOLLYWOOD FL 33020	☐ Delete	TITLE SECKE SAME NAME STREET ADDRESS CITY-ST-ZIP	ALAKI, RON 115 WILEY OLLYWOOD	ST., APT F FL 33020	Change	Addition	
TITLE	VPT	☐ Delete	TITLE VI	CE - PRESI DI	ENT	☐ 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 expect the 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, and all other like empowered.

NAME

TITLE

NAME

☐ Delete

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP TITLE

REESE, CRAIG E

P O BOX 220143 N/A

HOLLYWOOD FL 33020

☐ Change

Addition

Apr 28, 2003 8:00 am Secretary of State