


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90224 025 ****61.25

DOCUMENT # 735271					
1. Entity Name THE WILSHIRE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1250 NE MIAMI GARDENS DR. N MIAMI BCH., FL 33179-1704			Mailing Address 1250 NE MIAMI GARDENS DR. N MIAMI BCH., FL 33179-1704		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1673299	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BECKER, POLIAKOFF & STREITFELD 3111 STIRLING RD. FT. LAUDERDALE, FL 33312-3525			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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	VPD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DANZIGER, MICHAEL		NAME	Welborn, Daniel	
STREET ADDRESS	1250 NE MIAMI GARDENS DRIVE		STREET ADDRESS	1300 NE Miami Grdns Dr. #521	
CITY-ST-ZIP	MIAMI, FL 33179		CITY-ST-ZIP	Miami, FL 33179	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MELTZER, EVELYN		NAME	Giordano, Barbara	
STREET ADDRESS	1250 NE MIAMI GRONS DR		STREET ADDRESS	1300 N E Miami Grds Dr. #420	
CITY-ST-ZIP	N MIAMI BCH, FL		CITY-ST-ZIP	Miami, FL 33179	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZUCKERMAN, DAVID		NAME	Freedman, Samuel	
STREET ADDRESS	1250 NE MIAMI GARDENS DRIVE		STREET ADDRESS	1300 NE Miami Grdns Dr. #501	
CITY-ST-ZIP	MIAMI, FL 33179		CITY-ST-ZIP	Miami, FL 33179	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENSON, NAOMI		NAME	Zuckerman, David	
STREET ADDRESS	1250 NE MIAMI GRDNS DR		STREET ADDRESS	1300 NE Miami Grdns Dr, #513	
CITY-ST-ZIP	N MIAMI BCH, FL		CITY-ST-ZIP	Miami, FL 33179	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WULKAN, JACK		NAME	Meltzer, Evelyn	
STREET ADDRESS	1250 NE MIAMI GRDNS DR		STREET ADDRESS	1300 NE Miami Grdns Dr. #317	
CITY-ST-ZIP	N MIAMI BCH, FL 33179		CITY-ST-ZIP	Miami, FL 33179	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Alvarez, Fermin	
STREET ADDRESS			STREET ADDRESS	1200 NE Miami Grdns Dr. #706	
CITY-ST-ZIP			CITY-ST-ZIP	Miami, FL 33179	
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 address, with all other like empowered.					
SIGNATURE: <u>Samuel Freedman</u>			Date: <u>4/22/04</u> (305)857-9777		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		