

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 08, 2007 08:00 A
Secretary of State

DOCUMENT # N01000002608

1. Entity Name
WILES ROAD CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**11866 WILES ROAD
CORAL SPRINGS, FL 33076-2211 US**

Mailing Address
**11866 WILES ROAD
CORAL SPRINGS, FL 33076-2211 US**



04182007 No Chg-NP CR2E037 (4/06)

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4. FEI Number
65-1122497

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KARPELES, RICHARD
11872 NW 2ND CT
POMPANO BEACH, FL 33071**

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**000000762547
05/29/07-80013-013 61.25**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSD
JONES, GAIL
11866 WILES ROAD
CORAL SPRINGS, FL 33076**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 another like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/07

Date

Daytime Phone #