

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 28, 2005  
Secretary of State**

DOCUMENT# N04000009458

Entity Name: WILTON COMMONS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1007 N FEDERAL HWY #134  
FT LAUDERDALE, FL 33304

**New Principal Place of Business:**

**Current Mailing Address:**

1007 N FEDERAL HWY #134  
FT LAUDERDALE, FL 33304

**New Mailing Address:**

FEI Number: 20-2574068      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STRICKLAND, V  
1007 N FEDERAL HWY #134  
FT LAUDERDALE, FL 33304      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: PD      ( ) Delete  
Name: PIERRE-LEWIS, JEAN  
Address: 1007 N FEDERAL HWY #134  
City-St-Zip: FT LAUDERDALE, FL 33304

Title: VD      ( ) Delete  
Name: PIERRE-LEWIS, EGELENE  
Address: 1007 N FEDERAL HWY #134  
City-St-Zip: FT LAUDERDALE, FL 33304

Title: STD      ( ) Delete  
Name: STRICKLAND, VERNON  
Address: 1007 N FEDERAL HWY #134  
City-St-Zip: FT LAUDERDALE, FL 33304

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: VERNON STRICKLAND

STD

03/28/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date