

**2008 NOT-FOR-PROFIT CORPORATION
AMENDED ANNUAL REPORT**


FILED

2008 OCT 14 AM 10:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N04000009458

1. Entity Name
WILTON COMMONS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
1007 N FEDERAL HWY #134
FT LAUDERDALE, FL 33304

Mailing Address
1804 SHERMAN ST
HOLLYWOOD, FL 33020

2. Principal Place of Business - No P.O. Box #
8360 W. Oakland Pk. Bly
Suite, Apt. #, etc.
Suite 301
City & State
Sunrise

3. Mailing Address
P.O. Box 452199
Suite, Apt. #, etc.
Sunrise, FL 33345
City & State
FL

4. FEI Number
20-2574068

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
MARIKA TOLZ, RECEIVER
1804 SHERMAN ST
HOLLYWOOD, FL 33020

7. Name and Address of New Registered Agent
Name
Bakalar & Eichner, P.A.
Street Address (P.O. Box Number is Not Acceptable)
150 S. Pine Island Rd. #540
City
Plantation FL Zip Code
33324



09152008 Chg-NP CR2E037 (12/06)

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 *Bakalar & Eichner PA* DATE 9/19/2008

(NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25

9. Election Campaign Financing Trust Fund Contribution. \$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 NAME STREET ADDRESS CITY-ST-ZIP	PD PIERRE-LEWIS, JEAN 1007 N FEDERAL HWY #134 FT LAUDERDALE, FL 33304 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Jean-Bernard Pierre-Louis 300 S. Pine Island Rd. #304 Plantation, FL 33324 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PIERRE-LEWIS, EGELENE 1007 N FEDERAL HWY #134 FT LAUDERDALE, FL 33304 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Miriam Brown 22759A Mandeville PL Boca Raton, FL 33433 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S/T Howard Forman 301 East 66th Street # 10J New York, NY. 10021 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200136943752 10/15/08--01018--004 **\$61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 all other like empowered.

SIGNATURE: *Miriam L Brown* 9/26/08 561 392 6402

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

MIRIAM L BROWN