

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007565

FILED
Jun 13, 2011
Secretary of State

Entity Name: WILTON MANORS TASTE OF THE ISLAND, INC.

Current Principal Place of Business:

579 NE 42ND STREET
OAKLAND PARK, FL 33334 US

New Principal Place of Business:

Current Mailing Address:

579 NE 42ND STREET
OAKLAND PARK, FL 33334 US

New Mailing Address:

FEI Number: 28-0875038

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRENCH, ROBIN E
1809 CORAL GARDENS DRIVE
WILTON MANORS, FL 33306 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
Name: NOLEN, SHIRLEY
Address: 1743 NE 26TH DRIVE
City-St-Zip: WILTON MANORS, FL 33334 US

Title: SD
Name: MILLER, SHERRY
Address: 2267 SE 11 ST
City-St-Zip: POMPANO BEACH, FL 33062 US

Title: TD
Name: FRENCH, ROBIN E
Address: 1809 CORAL GARDENS DRIVE
City-St-Zip: WILTON MANORS, FL 33306 US

Title: D
Name: NOLEN, RICHARD
Address: 1743 NE 26TH DRIVE
City-St-Zip: WILTON MANORS, FL 33334

Title: D
Name: CLINE, DIANE
Address: 2325 NE 19TH AVENUE
City-St-Zip: WILTON MANORS, FL 33334 US

Title: D
Name: NEWTON, SCOTT
Address: 1825 NE 27TH DRIVE
City-St-Zip: WILTON MANORS, FL 33306 US

I hereby 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 all other like empowered.

SIGNATURE: ROBIN E. FRENCH

TD

06/13/2011

Electronic Signature of Signing Officer or Director

Date