

**2006 CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 09, 2006 8:00 am**  
**Secretary of State**

05-09-2006 90074 023 \*\*\*150.00



DOCUMENT # N11000003386				1. Entity Name EAST NEIGHBORHOOD ASSOCIATION OF WILTON MANORS, INC.	
Principal Place of Business P.O. BOX 39392 FT. LAUDEDALE FL 33339		Mailing Address P.O. BOX 39392 FT. LAUDERDALE FL 33339			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 16-1635725	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ELlich, CELESTE 1728 NE 27TH DRIVE WILTON MANORS FL 33334			7. Name and Address of New Registered Agent		
			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00.</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ELlich, CELESTE		NAME		
STREET ADDRESS	1728 NE 27TH DRIVE		STREET ADDRESS		
CITY-ST-ZIP	WILTON MANORS FL 33334		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	-PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHAUMBURG, JEFFREY		NAME		
STREET ADDRESS	1675 CORAL GARDENS DRIVE		STREET ADDRESS		
CITY-ST-ZIP	WILTON MANORS FL 33334		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARRISON, BRETT		NAME	Sally Riley	
STREET ADDRESS	2173 NE 27 DRIVE		STREET ADDRESS	2309 NE 17 TERRACE	
CITY-ST-ZIP	WILTON MANORS FL 33334		CITY-ST-ZIP	WILTON MANORS, FL 33305	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MIGA, KAREN		NAME	Michael Kostas	
STREET ADDRESS	2300 NE 17TH TERR		STREET ADDRESS	2840 NE 17 TERRACE	
CITY-ST-ZIP	WILTON MANORS FL 33305		CITY-ST-ZIP	WILTON MANORS, FL 33334	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIORÉ, JOHN		NAME		
STREET ADDRESS	2450 NE 15 AVENUE, #210		STREET ADDRESS		
CITY-ST-ZIP	WILTON MANORS FL 33305		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEIN, BRETT		NAME		
STREET ADDRESS	1529 NE 28TH DR		STREET ADDRESS		
CITY-ST-ZIP	WILTON MANORS FL 33334		CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 607, 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: Celeste Ellich Celeste Ellich 4/29/06 954-563-5311  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #