


2008 CORPORATION ANNUAL REPORT (AR)

FILED
May 29, 2008 8:00 am
Secretary of State

05-29-2008 90197 034 ***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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
4. FEI Number 16-1635725		Applied For Not Applicable	
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>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		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	
T TITLE NAME STREET ADDRESS CITY-ST-ZIP	ELlich, CELESTE 1728 NE 27TH DRIVE WILTON MANORS FL 33334 <input type="checkbox"/> Delete	Secretary TITLE NAME STREET ADDRESS CITY-ST-ZIP	Will Richardson 1719 NE 28 street Wilton Manors, FL 33334 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
P TITLE NAME STREET ADDRESS CITY-ST-ZIP	SCHAUMBURG, JEFFREY 1675 CORAL GARDENS DRIVE WILTON MANORS FL 33334 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D TITLE NAME STREET ADDRESS CITY-ST-ZIP	RILEY, SALLY 2309 NE 17 TERR WILTON MANORS FL 33305 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
S TITLE NAME STREET ADDRESS CITY-ST-ZIP	KOSTAS, MICHAEL 2840 NE 17 TERR WILTON MANORS FL 33334 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D TITLE NAME STREET ADDRESS CITY-ST-ZIP	FIORE, JOHN 2450 NE 15 AVENUE, #210 WILTON MANORS FL 33305 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VP TITLE NAME STREET ADDRESS CITY-ST-ZIP	NEIN, BRETT 1529 NE 28TH DR WILTON MANORS FL 33334 <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 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: <u>Celeste J. Ellich</u>		4/30/08 954-563-5311	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Day:mo:year #	