

**2003 CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90701 044 ***150.00

DOCUMENT # N11000003386



1. Entity Name
EAST NEIGHBORHOOD ASSOCIATION OF WILTON MANORS, INC.

Principal Place of Business
**2100 NE 20TH AVENUE
WILTON MANORS FL 33334**

Mailing Address
**2100 NE 20TH AVENUE
WILTON MANORS FL 33334**

10000001

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number

16-1635725

Applied For

Not Applicable

Zip

33305

Country

Zip

33305

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SWEET, FRANK
2100 NE 20TH AVENUE
WILTON MANORS FL 33334**

33305

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	SWEET, FRANK	2100 NE 20TH AVENUE	WILTON MANORS FL 33334	<input type="checkbox"/>
D	CHARLAND, WILLIAM	2100 NE 20TH AVENUE	WILTON MANORS FL 33334	<input type="checkbox"/>
D	ELLICH, CELESTE	2100 NE 20TH AVENUE	WILTON MANORS FL 33334	<input type="checkbox"/>
D	MIGA, KAREN	2100 NE 20TH AVENUE	WILTON MANORS FL 33334	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
DIRECTOR	DALE IACOFANO	1508 NE 24 ST	WILTON MANORS FL 33305	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DIRECTOR	CHARLAND, WM	2001 NE 25 ST	WILTON MANORS, FL 33305	<input type="checkbox"/>	<input type="checkbox"/>
DIRECTOR	CELESTE ELLICH	1728 NE 27 DR	WILTON MANORS, FL 33305	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PRESIDENT	KAREN MIGA	2300 NE 17 TERR	WILTON MANORS, FL 33305	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DIRECTOR	BRETT NEIN	1529 NE 29 DR	WILTON MANORS FL 33305	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DIRECTOR	RICHARD SCHULTZ	2841 NE 14 AVE	WILTON MANORS, FL 33305	<input type="checkbox"/>	<input checked="" type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify 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 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: S. Sanchez-Huertas TREASURER 3/13/03 954-567-2760

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)