

**FILE NOW: FILING FEE IS \$61.25**

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**Jan 21 1997 8:00am  
Secretary of State**

**NONPROFIT CORPORATION ANNUAL REPORT 1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N34851 (8)**  
1. Corporation Name

**WILTON MANORS BUSINESS ASSOCIATION, INC.**



Principal Place of Business: P. O. BOX 24332, FT. LAUDERDALE FL 33305, US  
Mailing Address: P. O. BOX 24332, FT. LAUDERDALE FL 33307-4332, US

3. Date Incorporated or Qualified: **10/24/1989**  
3a. Date of Last Report: **05/01/1996**

|    |                                |                     |   |  |
|----|--------------------------------|---------------------|---|--|
| 21 | 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number   | Applied For  |
|    | Suite, Apt. #, etc.            | Suite, Apt. #, etc. | <b>NOT APPLICABLE</b>   | Not Applicable   |
| 22 | City & State                   | City & State        | 5. Certificate of Status Desired  | <input type="checkbox"/> \$8.75 Additional Fee Required  |
| 23 | Zip                            | Zip                 | 6. Election Campaign Financing Trust Fund Contribution                                  | <input type="checkbox"/> \$5.00 May Be Added to Fees     |
| 24 | Country                        | Country             | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | <input type="checkbox"/> Yes <input type="checkbox"/> No |

9. Name and Address of Current Registered Agent

**LOU STRENNEN  
2430 NE 13 AVENUE  
FT. LAUDERDALE FL 33305**

10. Name and Address of New Registered Agent

|    |  |
|----|--|
| 81 | Name   |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 |  |
| 84 | City   |
| 85 | Zip Code   |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|---|---|--|
| TITLE                      | DT <input type="checkbox"/> DELETE            | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | STRENNEN, LOU                                 | 1.2 NAME  |  |
| STREET ADDRESS             | 2430 NE 13 AVE.                               | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | FT. LAUDERDALE FL                             | 1.4 CITY-ST-ZIP                                       |  |
| TITLE                      | DP <input checked="" type="checkbox"/> DELETE | 2.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | HELMHOLDT, ROBERT                             | 2.2 NAME  | <b>DP VIRGINIA FLAHERTY</b>  |
| STREET ADDRESS             | 1700 NE 26 ST., #1                            | 2.3 STREET ADDRESS                                    | <b>2180 WILTON DRIVE</b>   |
| CITY-ST-ZIP                | FT. LAUDERDALE FL                             | 2.4 CITY-ST-ZIP                                       | <b>WILTON MANORS, FL 33305</b>   |
| TITLE                      | DS <input checked="" type="checkbox"/> DELETE | 3.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | WEST, BARBARA                                 | 3.2 NAME  | <b>DS LORI MUSTO</b>   |
| STREET ADDRESS             | 2132 NE 9TH AVE                               | 3.3 STREET ADDRESS                                    | <b>P.O. Box 24332</b>  |
| CITY-ST-ZIP                | FT. LAUDERDALE FL 33305                       | 3.4 CITY-ST-ZIP                                       | <b>FT. LAUDERDALE, FL 33307-4332</b>   |
| TITLE                      | <input type="checkbox"/> DELETE               | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |   | 4.2 NAME  |  |
| STREET ADDRESS             |   | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |   | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE               | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |   | 5.2 NAME  |  |
| STREET ADDRESS             |   | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |   | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE               | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |   | 6.2 NAME  |  |
| STREET ADDRESS             |   | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |   | 6.4 CITY-ST-ZIP                                       |  |

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: 1/9/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **LOU STRENNEN** 954-566-8815  
Daytime Phone # 0035778

CR2E037 (9/96)