2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34851

FILED May 01, 2004 Secretary of State

Entity Name: WILTON MANORS BUSINESS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

P. O. BOX 24332

FT. LAUDERDALE, FL 33307 US

Current Mailing Address: New Mailing Address:

P. O. BOX 24332

FT. LAUDERDALE, FL 33307 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

STRENNEN, LOU GARCIA, VICTORIA N DT

2430 NE 13 AVENUE P.O. BOX 24371

FT. LAUDERDALE, FL 33305 US OAKLAND PARK, FL 33307 US

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: VICTORIA N. GARCIA 05/01/2004

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

tle: DT () Delete Title: DT (X) Change () Addition

 Name:
 STRENNEN, LOU
 Name:
 GARCIA, VICTORIA N

 Address:
 2430 NE 13 AVE.
 Address:
 P.O. BOX 24371

City-St-Zip: FT. LAUDERDALE, FL City-St-Zip: FT. LAUDERDALE, FL 33307

Title: DP () Delete Title: DP (X) Change () Addition

 Name:
 DATO, LEN
 Name:
 MATTAX, BILL

 Address:
 1501 NE 26 STREET
 Address:
 931 NE 18 COURT

City-St-Zip: WILTON MANORS, FL 33305 City-St-Zip: FORT LAUDERDALE, FL 33305

Title: D () Delete Title: () Change () Addition

 Name:
 FESPERMAN, ROBERT W
 Name:

 Address:
 2825 NW 9 TERRACE
 Address:

 City-St-Zip:
 FORT LAUDERDALE, FL 33311
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: BILL MATTAX DP 05/01/2004