


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 21, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N34851**  
 1. Entity Name  
**WILTON MANORS BUSINESS ASSOCIATION, INC.**



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

**DO NOT WRITE IN THIS SPACE**



01102005 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**NOT APPLICABLE**      Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
 GARCIA, VICTORIA N DT  
 P.O. BOX 24371  
 OAKLAND PARK, FL 33307

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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GARCIA, VICTORIA N P.O. BOX 24371 FT. LAUDERDALE, FL 33307
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MATTAX, BILL 931 NE 18 COURT FORT LAUDERDALE, FL 33305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FESPERMAN, ROBERT W 2825 NW 9 TERRACE FORT LAUDERDALE, FL 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/24/05-80102-007 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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:** *Bill Mattax*      1/19/2005      954 987-8525  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #