
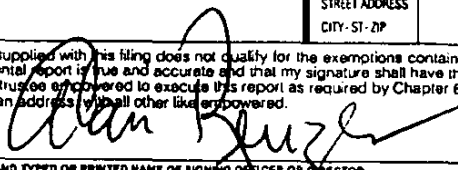


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

03-12-2007 90103 006 ****61.25

DOCUMENT # N34851			
1. Entity Name WILTON MANORS BUSINESS ASSOCIATION, INC.			
Principal Place of Business P. O. BOX 24332 FT. LAUDERDALE, FL 33307 US		Mailing Address P. O. BOX 24332 FT. LAUDERDALE, FL 33307 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Oakland Park FL		City & State Oakland Park FL	
Zip		Zip	
Country		Country	
4. FEI Number NOT APPLICABLE		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GARCIA, VICTORIA N DT P.O. BOX 24371 OAKLAND PARK, FL 33307		Name Street Address (P.O. Box Number is Not Acceptable) 2930 N W 5 Ave City Wilton Manors FL Zip Code 33311	
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 reappointing) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, VICTORIA N	NAME	
STREET ADDRESS	P.O. BOX 24371	STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33307	CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> Delete	TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATTAX, BILL	NAME	
STREET ADDRESS	931 NE 18 COURT	STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33305	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FESPERMAN, ROBERT W	NAME	Alan Renzer
STREET ADDRESS	2825 NW 9 TERRACE	STREET ADDRESS	1501 N E 26 ST Wilton Manors FL
CITY-ST-ZIP	FORT LAUDERDALE, FL 33311	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Virginia Flaherty
STREET ADDRESS		STREET ADDRESS	2404 N Dixie Hwy
CITY-ST-ZIP		CITY-ST-ZIP	Wilton Manors FL 33305
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address which all other like empowered.			
SIGNATURE: 		Date: 3-8-07 Daytime Phone #: 954-396-4302	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			