

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34851

FILED
May 25, 2010
Secretary of State

Entity Name: WILTON MANORS BUSINESS ASSOCIATION, INC.

Current Principal Place of Business:

P. O. BOX 24332
OAKLAND PARK, FL 33307 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 24332
OAKLAND PARK, FL 33307 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GARCIA, VICTORIA N DT
2930 NW 5 AVE
WILTON MANORS, FL 33311 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DT
Name: GARCIA, VICTORIA N
Address: P.O. BOX 24371
City-St-Zip: FT. LAUDERDALE, FL 33307 US

Title: VP
Name: FLAHERTY, VIRGINIA VP
Address: 2404 N DIXIE HWY
City-St-Zip: WILTON MANORS, FL 33305 US

Title: P
Name: SCHRACK, WADE PRES
Address: 2304 N DIXIE HWY
City-St-Zip: WILTON MANORS, FL 33305 US

Title: D
Name: MILLER, RICK DIR
Address: 2600 N DIXIE HWY
City-St-Zip: WILTON MANORS, FL 33334 US

I hereby 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 all other like empowered.

SIGNATURE: WADE SCHRACK

PRES

05/25/2010

Electronic Signature of Signing Officer or Director

Date