


**FILED**  
**Mar 22, 1999 8:00 am**  
**Secretary of State**

03-22-1999 90013 008 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # N98000006896

1. Corporation Name  
 410 WILMA ASSOCIATION, INC.

594226 - 90021 - 32



Principal Place of Business  
 410 WILMA CIRCLE  
 RIVIERA BEACH FL 33404

Mailing Address  
 410 WILMA CIRCLE  
 RIVIERA BEACH FL 33404

|                                |                     |   |
|--------------------------------|---------------------|---|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified                       |
| 21                             | 26                  | 12/03/1998  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. | 4. FEI Number   |
| 22                             | 27                  | 65-0929816  |
| City & State                   | City & State        | Applied For   |
| 23                             | 28                  | Not Applicable  |
| Zip                            | Country             | 5. Certificate of Status Desired                        |
| 24                             | 29                  | <input type="checkbox"/> \$8.75 Additional Fee Required |
|                                | 30                  | 6. Election Campaign Financing Trust Fund Contribution  |
|                                |                     | <input type="checkbox"/> \$5.00 May Be Added to Fees    |

|   |  |
|---|--|
| 9. Name and Address of Current Registered Agent   | 10. Name and Address of New Registered Agent   |
| <del>GORMAN, WILLIAM P</del><br><del>3300 PGA BLVD, S-500</del><br><del>PALM BEACH GARDENS FL 33410</del> | 81 Name<br>Jay Steven Levine, PA   |
|   | 82 Street Address (P.O. Box Number is Not Acceptable)<br>2500 NORTH MILITARY TR #275 |
|   | 83   |
|   | 84 City<br>BOCA RATON FL   |
|   | 85 Zip Code<br>33431   |

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: *Jay Steven Levine* DATE: 3/17/99

| 12. OFFICERS AND DIRECTORS |                          | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                    |
|----------------------------|--------------------------|---|--------------------|
| TITLE                      | PD                       | 1.1 TITLE   |                    |
| NAME                       | GORMAN, WILLIAM P        | 1.2 NAME  |                    |
| STREET ADDRESS             | 2938 LAKESHORE DR., #403 | 1.3 STREET ADDRESS                                    |                    |
| CITY-ST-ZIP                | RIVIERA BEACH FL 33404   | 1.4 CITY-ST-ZIP                                       |                    |
| TITLE                      | TD                       | 2.1 TITLE   |                    |
| NAME                       | BLANEY, WILLIAM J        | 2.2 NAME  |                    |
| STREET ADDRESS             | 2936 LAKESHORE DR., #308 | 2.3 STREET ADDRESS                                    |                    |
| CITY-ST-ZIP                | RIVIERA BEACH FL 33404   | 2.4 CITY-ST-ZIP                                       |                    |
| TITLE                      | VD                       | 3.1 TITLE   |                    |
| NAME                       | COLLINS, KENNETH D       | 3.2 NAME  |                    |
| STREET ADDRESS             | 2936 LAKESHORE DR., #107 | 3.3 STREET ADDRESS                                    |                    |
| CITY-ST-ZIP                | RIVIERA BEACH FL 33404   | 3.4 CITY-ST-ZIP                                       |                    |
| TITLE                      | SD                       | 4.1 TITLE   |                    |
| NAME                       | HOPKINS, SHIRLEY K       | 4.2 NAME  |                    |
| STREET ADDRESS             | 410 WILMA CIRCLE, #491   | 4.3 STREET ADDRESS                                    | 410 Wilma Cir #401 |
| CITY-ST-ZIP                | RIVIERA BEACH FL 33404   | 4.4 CITY-ST-ZIP                                       |                    |
| TITLE                      | D                        | 5.1 TITLE   |                    |
| NAME                       | LADE, WILLIAM K          | 5.2 NAME  |                    |
| STREET ADDRESS             | 400 WILMA CIRCLE, #110   | 5.3 STREET ADDRESS                                    |                    |
| CITY-ST-ZIP                | RIVIERA BEACH FL 33404   | 5.4 CITY-ST-ZIP                                       |                    |
| TITLE                      |                          | 6.1 TITLE   |                    |
| NAME                       |                          | 6.2 NAME  |                    |
| STREET ADDRESS             |                          | 6.3 STREET ADDRESS                                    |                    |
| CITY-ST-ZIP                |                          | 6.4 CITY-ST-ZIP                                       |                    |

14. I 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, with all other like empowered.

SIGNATURE: *William P. Gorman* **NOTAR PUBLIC REQUIRED** 3-12-99 561-842-7475

WILLIAM P. GORMAN

CR2E037 (1/198)