

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90074 013 ****61.25

DOCUMENT # N98000006896
1. Entity Name
410 WILMA ASSOCIATION, INC.



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
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0929816** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**LEVINE, JAY STEVEN PA
2500 NORTH MILITARY TR
#275
BOCA RATON FL 33431**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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)

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	GORMAN, WILLIAM P	
STREET ADDRESS	2936 LAKESHORE DR #403	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	GORMAN, WILLIAM P	
STREET ADDRESS	2936 LAKE SHIRE DR #403	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	LADE, WILLIAM K	
STREET ADDRESS	400 WILMA CIRCLE #110	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HOPKINS, SHIRLEY K	
STREET ADDRESS	410 WILMA CIR #401	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PRICE, JAMIE	
STREET ADDRESS	400 WILMA CIR #301	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LALACCI, JOSEPH J	
STREET ADDRESS	2936 LAKESHORE DR #401	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MIEL STEINBRENNER	
STREET ADDRESS	410 WILMA CIR #106	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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: *William P. Gorman* WILLIAM P. GORMAN 3/8/03 561-842-7475

CR2E037 (10/02)