

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709954

Entity Name: WILEY CONDOMINIUM APTS., INC.**Current Principal Place of Business:**1719 WILEY STREET
WILEY CONDOMINIUM ASSOCIATION
HOLLYWOOD, FL 33020**Current Mailing Address:**1719 WILEY STREET
WILEY CONDOMINIUM ASSOCIATION
HOLLYWOOD, FL 33020 US**FEI Number:** 59-1202375**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MORROW, CYRIL
42 ORANGE AVE
ROCKLEDGE, FL 32955 US*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**Officer/Director Detail :**

Title	PRESIDENT
Name	MARGELU, DANIEL
Address	1715 WILEY ST., APT. 19
City-State-Zip:	HOLLYWOOD FL 33020

Title	VICE PRESIDENT
Name	HALL, DAVID
Address	1715 WILEY ST, UNIT 5
City-State-Zip:	HOLLYWOOD FL 33020

Title	TREASURER
Name	SNYDER, SCOTT
Address	1715 WILEY ST UNIT 14
City-State-Zip:	HOLLYWOOD FL 33020

Title	DIRECTOR
Name	JOHAN, RESTINA
Address	1715 WILEY ST, APT 1
City-State-Zip:	HOLLYWOOD FL 33020

Title	DIRECTOR
Name	MORROW, CYRIL
Address	42 ORANGE AVE
City-State-Zip:	ROCKLEDGE FL 32955

Title	DIRECTOR
Name	REESE, CRAIG
Address	1719 WILEY STREET UNIT 11
City-State-Zip:	HOLLYWOOD FL 33020

Title	DIRECTOR
Name	CALLE, ORFELLA
Address	1715 WILEY STREET UNIT 6
City-State-Zip:	HOLLYWOOD FL 33020

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: CYRIL A. MORROW**DIRECTOR****03/04/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date