	INC.			CC3195	0170468	
	Current Prin	cipal Place of Business:				
	1708 NE 24 STI					
	WILTON MANO	RS, FL 33305				
	Current Mai	ling Address:				
		•				
1708 NE 24 STREET WILTON MANORS, FL 33305 US						
FEI Number: 16-1635725			Certificate of Status Desired: No			
	Name and A	ddress of Current Registered Agent:				
	CLARK, CAROL 1708 NE 24 STREET WILTON MANORS, FL 33305 US					
		•				
	The above named	l entity submits this statement for the purpose of changing its regis	stered office or regis	tered agent, or both, in the State of Flo	orida.	
		entity submits this statement for the purpose of changing its regis	tered office or regis	tered agent, or both, in the State of Flo	orida. 01/15/2018	
			stered office or regis	tered agent, or both, in the State of Flo		
		Electronic Signature of Registered Agent	stered office or regis	tered agent, or both, in the State of Flo	01/15/2018	
	SIGNATURE	Electronic Signature of Registered Agent	stered office or regis	tered agent, or both, in the State of Flo	01/15/2018	
	SIGNATURE	CAROL CLARK  Electronic Signature of Registered Agent  ctor Detail :			01/15/2018	
	SIGNATURE Officer/Direc Title	CAROL CLARK  Electronic Signature of Registered Agent  Ctor Detail : VP	Title	TREASURER	01/15/2018	
	SIGNATURE Officer/Direc Title Name	CAROL CLARK  Electronic Signature of Registered Agent  Ctor Detail :  VP  FIORE, JOHN	Title Name	TREASURER CLARK, CAROL 1512 NE 28 DRIVE	01/15/2018	
	SIGNATURE Officer/Direc Title Name Address	Electronic Signature of Registered Agent Ctor Detail : VP FIORE, JOHN 2450 NE 15 AVENUE, #210	Title Name Address	TREASURER CLARK, CAROL 1512 NE 28 DRIVE	01/15/2018	
	SIGNATURE Officer/Direc Title Name Address City-State-Zip:	Electronic Signature of Registered Agent Ctor Detail : VP FIORE, JOHN 2450 NE 15 AVENUE, #210 WILTON MANORS FL 33305	Title Name Address City-State-Zip:	TREASURER CLARK, CAROL 1512 NE 28 DRIVE WILTON MANORS FL 33334	01/15/2018	

Address

Title

Name

Address

City-State-Zip:

City-State-Zip:

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: CAROL CLARK

TREASURER

1512 NE 28 DRIVE

SECRETARY

COMER, RANDY

2318 NE 15 TERRACE

WILTON MANORS FL 33334

WILTON MANORS FL 33305

01/15/2018

Electronic Signature of Signing Officer/Director Detail

## 2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000003386

Entity Name: EAST NEIGHBORHOOD ASSOCIATION OF WILTON MANORS,

Address

Title

Name

Address

City-State-Zip:

City-State-Zip:

1708 NE 24 STREET

WALKER, R. DAVID

1708 NE 24 STREET

DIR

WILTON MANORS FL 33305

WILTON MANORS FL 33305

## FILED Jan 15, 2018 **Secretary of State**