

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N34851

**Entity Name:** WILTON MANORS BUSINESS ASSOCIATION, INC.

**FILED**  
**Apr 30, 2018**  
**Secretary of State**  
**CC6970645848**

**Current Principal Place of Business:**

4801 S UNIVERSITY DRIVE  
SUITE 129  
DAVIE, FL 33328

**Current Mailing Address:**

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

**FEI Number: 38-3821962**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

PEACE OF MIND BOOKKEEPING  
4801 S UNIVERSITY DRIVE  
SUITE 129  
DAVIE, FL 33328 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: IDANIA JOLIE**

**04/30/2018**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            MOFFIT, TIM  
Address        185 NW SPANISH RIVER BLVD STE  
                  205  
City-State-Zip: BOCA RATON FL 33431

Title            SECRETARY  
Name            KOUTALIDIS, VANESSA DR.  
Address        1749 NE 26TH STREET  
                  SUITE F  
City-State-Zip: WILTON MANORS FL 33305

Title            TREASURER  
Name            HART, TIMOTHY  
Address        2929 E COMMERCIAL BLVD PH-D  
City-State-Zip: FORT LAUDERDALE FL 33308

Title            DIRECTOR  
Name            WENZEL, JULIETTA  
Address        PO BOX 24332  
City-State-Zip: OAKLAND PARK FL 33307

Title            DIRECTOR  
Name            MACDONALD, TRAVIS  
Address        PO BOX 24332  
City-State-Zip: OAKLAND PARK FL 33307

*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: TIM MOFFIT**

**PRESIDENT**

**04/30/2018**

Electronic Signature of Signing Officer/Director Detail

Date