

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # 722716

1. Entity Name
WILBUR IMPROVEMENT ASSOCIATION, INC.



Principal Place of Business
**4200 S PENINSULA DRIVE
WILBUR-BY-THE-SEA, FL 32127**

Mailing Address
**4200 S. PENINSULA DR.
WILBUR-BY-THE-SEA, FL 32127**



04172006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2388702	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MILLS, ROBERT
4026 CARDINAL BLVD
WILBUR-BY-THE-SEA, FL 32127**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MARFOGLIA, ARNOLD 4050 S PENINSULA DRIVE WILBUR-BY-THE-SEA, FL 32127
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD BURNS, SUE 4250 S. PENINSULA DR WILBUR-BY-THE-SEA, FL 32127
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BELCHER, CARROL 3923 CARDINAL BLVD WILBUR-BY-THE-SEA, FL 32127
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD MILLS, ROBERT 4026 CARDINAL BLVD WILBUR-BY-THE-SEA, FL 32127
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000533738
05/06/06-80133-018 70.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/18/06

DATE

Daytime Phone #