

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT****FILED**

2008 JUL -9 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 730534					
1. Entity Name THE WILTSHIRE HOUSE ASSOCIATION, INC.					
Principal Place of Business 904 SE 5TH AVE DELRAY BEACH, FL 33483 US			Mailing Address 904 SE 5TH AVE DELRAY BEACH, FL 33483 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-1551726	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DAGHER, JOSEPH M 904 SE 5TH AVE DELRAY BEACH, FL 33483			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 maintaining)					
Filing Fee is \$61.25 Due by September 12, 2008		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	☒ Delete	TITLE	PD	☐ Change ☒ Addition
NAME	DOMINIJANNI, BRUNO		NAME	PHIL COLETTA	
STREET ADDRESS	2909 S. OCEAN BLVD #5 A		STREET ADDRESS	2909 S. OCEAN BLVD 40	
CITY-ST-ZIP	HIGHLAND BEACH, FL 33487		CITY-ST-ZIP	HIGHLAND BEACH, FL 33487	
TITLE	VPD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	GOLDING, PETER		NAME		
STREET ADDRESS	2909 S. OCEAN BLVD #4 A		STREET ADDRESS		
CITY-ST-ZIP	HIGHLAND BEACH, FL 33487		CITY-ST-ZIP		
TITLE	SD	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	MCCARTY, DEBORAH		NAME		
STREET ADDRESS	2909 S OCEAN BLVD #3-C		STREET ADDRESS		
CITY-ST-ZIP	HIGHLAND BEACH, FL 33487		CITY-ST-ZIP		
TITLE	TD	☒ Delete	TITLE	TD	☐ Change ☒ Addition
NAME	SANTICOLLA, RON		NAME	BECKY SHAMUS	
STREET ADDRESS	2909 S. OCEAN BLVD #3D		STREET ADDRESS	2909 S. OCEAN BLVD 3A	
CITY-ST-ZIP	HIGHLAND BEACH, FL 33487		CITY-ST-ZIP	HIGHLAND BEACH, FL 33487	
TITLE	D	☐ Delete	TITLE	SD	☒ Change ☐ Addition
NAME	SHATTON, BOB		NAME		
STREET ADDRESS	2929 S OCEAN BLVD #3-A		STREET ADDRESS		
CITY-ST-ZIP	HIGHLAND BEACH, FL 33487		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 addresses, with all other like empowered.					
SIGNATURE: _____ DATE: 7/8/08 561 272 1644					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

05/13/08 90011 020 \$61.25

✗