


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90043 012 ****61.25

DOCUMENT # 732274 1. Entity Name WILTON SHORES EAST CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1150-52 N.W. 30TH COURT WILTON MANORS, FL 33311 US			Mailing Address 1280 SW 36 AVE # 301 POMPANO BEACH, FL 33069 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		Country		04122007 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-1140694				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 SHENDELL, TAMAR D ESQ. 3650 N. FEDERAL HWY., STE. 202 LIGHTHOUSE POINT, FL 33064			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	PD JUAREZ, MARK P 1132 NW 30 CT 313 WILTON MANORS, FL 33311	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rodriguez, Santiago 1152 NW 30th Court # 112 Wilton Manors, FL 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CAVANAUGH, PATRICK E 1150 NW 30 COURT #305 WILTON MANORS, FL 33311	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kehlenbec, Scott 1152 NW 30th Ct. 113 Wilton Manors, FL 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TROMBLEE, LOREN 1132 NW 30CT 211 WILTON MANORS, FL 33311	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bombard, Shawn 1150 NW 30th Court 203 Wilton Manors, FL 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ARSENAULT, MARK 1150 NW 30 CT #104 WILTON MANORS, FL 33311	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Standen, Craig 1150 NW 30th Ct # 303 Wilton Manors, FL 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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 an address, with all other like empowered.					
SIGNATURE: <i>MOB J...</i>			4-24-07 954-6845-7346		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

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