2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2008 8:00 am Secretary of State

DOCUMENT #732274 1. Entity Name WILTON SHORES EAST CONDOMINIUM ASSOCIATION, INC.				04-28-2008 90404 007 ****61.25			
	e of Business V. 30TH COURT ORS, FL 33311 US	Mailing Address 1280 SW 36 AVE # 301 POMPANO BEACH, FL 3306	9 US ;				
2. Principal Place of Business - No P.O. Box # 3.		3. Mailing Address	7;				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04212008 Chg-NP CR2E037 (12/06)			
City & State		City & State		4. FEI Number Applied For 59-1140694 Not Applicable			
Zip	Country	Zíp C	Country	5. Certificate of Status Desired See Required			
	6. Name and Address of Current Re	gistered Agent		7. Name and Address of New Registered Agent			
CUENDEL	L TAMAR DECO		Name				
3650 N. FE	L, TAMAR D ESQ. EDERAL HWY., STE. 202 JSE POINT, FL 33064		Street Address	Street Address (P.O. Box Number is Not Acceptable)			
			City	FL Zip Code			
	named entity submits this statement for tions of registered agent.	he purpose of changing its regist	tered office or regist	ered agent, or both, in the State of Florida. I am familiar with, and accept			
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, 2008 9. Election Campaign F Trust Fund Contribut			n Financing	\$5.00 May Be Added to Fees Make check payable to Florida Department of State			
	Due by May 1, 2008	Trust Fund Contrib		40.00 May 50			
10.	OFFICERS AND DIRE			40.00 May 50			
10. IITLE NAME STREET ADDRESS CITY-ST-ZIP		CTORS 1 Delete 7	oution. 1. ITLE VPC IAME PASS	Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Change Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Change Addition			
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12. Thereby certify that the information supplied with this limit does not qualify for the exemptions contained in Chapter 119, Florida Statutes. Floring 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 it changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:	much of Jan	> /MARK	P. Juanez	4/22/08	
	SIGNATURE AND TYPED OR PRINTED NAME O	Date	Daytime Phone #		