

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732274

FILED  
Feb 16, 2011  
Secretary of State

**Entity Name:** WILTON SHORES EAST CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1150-52 N.W. 30TH COURT  
WILTON MANORS, FL 33311 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O RMS ACCOUNTING  
2319 N ANDREWS AVENUE  
FORT LAUDERDALE, FL 33311 US

**New Mailing Address:**

**FEI Number:** 59-1140694      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

SHENDELL, TAMAR D ESQ.  
3650 N. FEDERAL HWY., STE. 202  
LIGHTHOUSE POINT, FL 33064 US

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

ROYALE MANAGEMENT SERVICES  
2319 N ANDREWS AVENUE  
FORT LAUDERDALE, FL 33311 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: STEVEN J WEIL

02/16/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VPD  
Name: TROMBLEE, ANNMARIE  
Address: 1152 NW 30TH COURT #211  
City-St-Zip: WILTON MANORS, FL 33311 US

Title: PD  
Name: RYAN, MICHAEL  
Address: 276 N COUNTRY ROAD  
City-St-Zip: MILLER PLACE, NY 11764

Title: SD  
Name: KEHLENBECK, SCOTT  
Address: 489 BAY AVENUE  
City-St-Zip: PATCHOGUE, NY 11772

Title: TD  
Name: WAINER, PETER  
Address: 1152 NW 30 CT #209  
City-St-Zip: WILTON MANORS, FL 33311

Title: D  
Name: KEHLENBEC, SCOTT  
Address: 489 BAY AVENUE  
City-St-Zip: PATCHOGUE, NY 11772

Title: D  
Name: STOLL, CHRIS  
Address: 62 E 5TH AVENUE  
City-St-Zip: PATCHOGUE, NY 11772

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: MIKE RYAN

PD

02/16/2011

Electronic Signature of Signing Officer or Director

Date