2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2007
Secretary of State

DOCUMENT# 734033

Entity Name: THE WILSON CONDOMONIUM ASSOCIATION, INC.

Current Principal Place of Business:

107 BRAVADO LANE
PALM BEACH SHORES, FL 33404

New Principal Place of Business:

Current Mailing Address:

107 BRAVADO LANE APT 4
PALM BEACH SHORES, FL 33404 US

New Mailing Address:

FEI Number: 65-0034952 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KENDALL, CHEATHAM
107 BRAVADO LANE, APT 4
PALM BEACH SHORES, FL 33404 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: CHEATHAM, KENDALL
Address: 107 BRAVADO LANE, APT 4
City-St-Zip: PALM BCH SHRS, FL 33404 US

Title: TD ( ) Delete
Name: CHEATHAM, KENDALL
Address: 107 BRAVADO LANE, APT 4
City-St-Zip: PALM BCH SHRS, FL 33404 US

Title: SD ( ) Delete
Name: MCCANN, MARGE
Address: 107 BRAVADO LANE, APT 2
City-St-Zip: PALM BCH SHRS, FL

Title: VPD ( ) Delete
Name: MOYNIHAN, JAMES
Address: 107 BRAVADO LANE, APT 3
City-St-Zip: PALM BCH SHRS, FL 33404 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: KENDALL CHEATHAM PD 04/29/2007

Electronic Signature of Signing Officer or Director — Date