FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 24 AM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **761380** **(5)**

1. Corporation Name

WILTON MANORS CIVIC ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1810 CORAL GARDENS DRIVE WILTON MANORS FL 33306-6332	1810 CORAL GARDENS DRIVE WILTON MANORS FL 33306-6332

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/08/1982
3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-2153381 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

WRIGHT, JO M.
1881 N.E. 26TH ST. #70B
FT. LAUDERDALE FL 33305

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	BARONE, ANTHONY	12 NAME	
STREET ADDRESS	544 NE 24TH ST.	13 STREET ADDRESS	
CITY-ST-ZIP	WILTON MANORS FL	14 CITY-ST-ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	GOODWINE, RALPH	22 NAME	
STREET ADDRESS	1925 CANAL GARDENS DR.	23 STREET ADDRESS	
CITY-ST-ZIP	WILTON MANORS FL	24 CITY-ST-ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	LUNSFORD, ANN	32 NAME	
STREET ADDRESS	1973 CORAL GDNS. DR.	33 STREET ADDRESS	
CITY-ST-ZIP	WILTON MANORS FL	34 CITY-ST-ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	WESTERVELT, NINA	42 NAME	
STREET ADDRESS	1810 CORAL GARDEN DR	43 STREET ADDRESS	
CITY-ST-ZIP	WILTON MANORS FL	44 CITY-ST-ZIP	
TITLE	VP	51 TITLE	VP ☒ Change ☐ Addition
NAME	ABROMATS, GLORIA	52 NAME	Diane Cline
STREET ADDRESS	2317 NE 19TH AVE.	53 STREET ADDRESS	2325 NE 19th Ave
CITY-ST-ZIP	WILTON MANORS FL	54 CITY-ST-ZIP	Wilton Manors Fl, 33306-1332
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Nina Westervelt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
NINA WESTERVELT

April 19th 1995 (305) 564-0935
Date Daytime Phone #

CD45000