

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 761380 (5)

1. Corporation Name

WILTON MANORS CIVIC ASSOCIATION, INC.



Principal Place of Business

1810 CORAL GARDENS DRIVE
WILTON MANORS FL 33306-8332

Mailing Address

1810 CORAL GARDENS DRIVE
WILTON MANORS FL 33306-8332

3. Date Incorporated or Qualified
01/08/1982

3a. Date of Last Report
04/24/1995

2. Principal Place of Business

2a. Mailing Address

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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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WRIGHT, JO M.
1881 N.E. 26TH ST. #708
FT. LAUDERDALE FL 33305**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BARONE, ANTHONY	
STREET ADDRESS	544 NE 24TH ST.	
CITY-ST-ZIP	WILTON MANORS FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	GOODWINE, RALPH	
STREET ADDRESS	1925 CANAL GARDENS DR.	
CITY-ST-ZIP	WILTON MANORS FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LUNSFORD, ANN	
STREET ADDRESS	1973 CORAL GDNS. DR.	
CITY-ST-ZIP	WILTON MANORS FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	WESTERVELT, NINA	
STREET ADDRESS	1810 CORAL GARDEN DR	
CITY-ST-ZIP	WILTON MANORS FL	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	CLINE, DIANE	
STREET ADDRESS	2325 N.E. 19TH AVE.	
CITY-ST-ZIP	WILTON MANORS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	CLINE DIANE	
1.3 STREET ADDRESS	2325 NE 19TH AVE	
1.4 CITY-ST-ZIP	WILTON MANORS. FL 33305	
2.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BEA. HOLLAND	
2.3 STREET ADDRESS	614 NE 26TH ST	
2.4 CITY-ST-ZIP	WILTON MANORS. FL 33305	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	BARTON ESTHER.	
5.3 STREET ADDRESS	516 N.W. 26TH STREET	
5.4 CITY-ST-ZIP	WILTON MANORS. FL 33311	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(k), 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*
NINA WESTERVELT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 22 1996 954,564.0135

Date

Daytime Phone

CR2E037 (12/95)