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Mar 18 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **761380** (5)

1. Corporation Name

**WILTON MANORS CIVIC ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**1810 CORAL GARDENS DRIVE  
WILTON MANORS FL 33306-8332**

**1810 CORAL GARDENS DRIVE  
WILTON MANORS FL 33306-1332**



3. Date Incorporated or Qualified **01/08/1982** 3a. Date of Last Report **04/25/1996**

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WRIGHT, JO M.  
1881 N.E. 28TH ST. #70B  
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

*Nina Westervelt*  
Signature, typed or printed name of registered agent and title if applicable

*Incarnate*  
(NOTE: Registered Agent signature required when reinstating)

*March 12 1997*  
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **PD CLINE, DIANE**  
STREET ADDRESS **2325 NE 19TH AVENUE**  
CITY-ST-ZIP **WILTON MANORS FL**

TITLE ☐ DELETE  
NAME **PD HOLLAND, BEA**  
STREET ADDRESS **614 NE 28TH STREET**  
CITY-ST-ZIP **WILTON MANORS FL**

TITLE ☐ DELETE  
NAME **SD LUNS福德, ANN**  
STREET ADDRESS **1973 CORAL GDNS. DR.**  
CITY-ST-ZIP **WILTON MANORS FL**

TITLE ☐ DELETE  
NAME **T WESTERVELT, NINA**  
STREET ADDRESS **1810 CORAL GARDEN DR**  
CITY-ST-ZIP **WILTON MANORS FL**

TITLE ☐ DELETE  
NAME **DP BARTON, ESTHER**  
STREET ADDRESS **516 NW 26TH STREET**  
CITY-ST-ZIP **WILTON MANORS FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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*

*3/18/97*

CR2E037 (9/96)