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Apr 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 1810 CORAL GARDENS DRIVE WILTON MANORS FL 33306-8332	Mailing Address 1810 CORAL GARDENS DRIVE WILTON MANORS FL 33306-8332
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2. Principal Place of Business 21 1973 CORAL GARDENS DRIVE Suite, Apt. #, etc. 22 City & State 23 WILTON MANORS, FL Zip 24 33306-1333	2a. Mailing Address 25 1973 CORAL GARDENS DRIVE Suite, Apt. #, etc. 26 City & State 27 WILTON MANORS, FL Zip 28 33306-1333 Country 29 USA
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3. Date Incorporated or Qualified 01/08/1982
4. FEI Number 59-2153381
Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent WRIGHT, JO M. 1881 N.E. 28TH ST. #708 FT. LAUDERDALE FL 33305	10. Name and Address of New Registered Agent 81 Name KEVIN C. LUNSFORD 82 Street Address (P.O. Box Number is Not Acceptable) 2455 E. SUNRISE BLVD 83 Suite 320 84 City Ft. Lauderdale FL 85 Zip Code 33304
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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 **Kevin C. Lunsford** (KEVIN C. LUNSFORD) DATE **3-30-98**
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 NAME STREET ADDRESS CITY-ST-ZIP	PD CLINE, DIANE 2325 NE 19TH AVENUE WILTON MANORS FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	P/D Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> 33305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOLLAND, BEA 614 NE 28TH STREET WILTON MANORS FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	D Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> 33305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LUNSFORD, ANN 1973 CORAL GDNS. DR. WILTON MANORS FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	V/D Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> 1973 CORAL GARDENS DRIVE 33306
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WESTERVELT, NINA 1810 CORAL GARDEN DR WILTON MANORS FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	T/D Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/> KUTA, PAUL A. 500 N.E. 28TH STREET WILTON MANORS, FL 33304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BARTON, ESTHER 516 NW 28TH STREET WILTON MANORS FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	D Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	D Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/> BARONE, ANTHONY J. 544 N.E. 24TH STREET WILTON MANORS, FL 33305

14. I 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: **Paul A. Kuta** (PAUL A. KUTA) DATE **3/30/98** (954) 566-9019

CR2E037 (10/97)