

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90282 030 ****61.25

DOCUMENT # 761380

1. Entity Name

WILTON MANORS CIVIC ASSOCIATION, INC.

Principal Place of Business

**1973 CORAL GARDENS DRIVE
 WILTON MANORS FL 33306-333
 US**

Mailing Address

**1973 CORAL GARDENS DRIVE
 WILTON MANORS FL 33306-333
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2153381**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LUNSFORD, KEVIN C
 1975 E. SUNRISE BLVD
 SUITE 715
 FT. LAUDERDALE FL 33304**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
 NAME **CLINE, DIANE**
 STREET ADDRESS **2325 NE 19TH AVENUE**
 CITY-ST-ZIP **WILTON MANORS FL 33305**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **HOLLAND, BEA**
 STREET ADDRESS **614 NE 26TH STREET**
 CITY-ST-ZIP **WILTON MANORS FL 33305**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** ☐ Delete
 NAME **LUNSFORD, ANN**
 STREET ADDRESS **1973 CORAL GARDENS DRIVE**
 CITY-ST-ZIP **WILTON MANORS FL 33306**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TSD** ☐ Delete
 NAME **KUTA, PAUL A**
 STREET ADDRESS **500 NE 28TH STREET**
 CITY-ST-ZIP **WILTON MANORS FL 33334**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☒ Delete
 NAME **EVERS, IRENE**
 STREET ADDRESS **2532 NE 8 TR**
 CITY-ST-ZIP **WILTON MANORS FL 33305**

TITLE **D** ☐ Change ☒ Addition
 NAME **SCHOTANUS, MARLENE**
 STREET ADDRESS **105 So. ALMAR DRIVE**
 CITY-ST-ZIP **WILTON MANORS, FL 33384**

TITLE **D** ☐ Delete
 NAME **HOLLAND, CHESTER**
 STREET ADDRESS **614 N.E. 26TH STREET**
 CITY-ST-ZIP **WILTON MANORS FL 33305**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Paul A. Kuta **PAUL A. KUTA** **APRIL 2, 2002** **954-566-9019**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)