2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 24, 2004 8:00 am **Secretary of State DOCUMENT # 761380** 1. Entity Name 03-24-2004 90016 023 ****61.25 WILTON MANORS CIVIC ASSOCIATION, INC. Principal Place of Business Mailing Address 1973 CORAL GARDENS DRIVE WILTON MANORS FL 33306-333 1973 CORAL GARDENS DRIVE WILTON MANORS FL 33306-333 2. Principal Place of Business 3. Mailing Address 500 N.E. 28TH STREET 500 N.E. 28TH STREET Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) Applied For City & State City & State 4. FEI Number 59-2153381 WILTON MANORS. WILTON MANDRS, FL Not Applicable \$8.75 Additional 5. Certificate of Status Desired u.s. Fee Required 33334-2036 u.s. 33334-2036 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KUTA, PAUL A. LUNSFORD, KEVIN C Street Address (P.O. Box Number is Not Acceptable) 1975 E. SUNRISE BLVD SUITE 715 FT. LAUDERDALE FL 33304 WILTON MANORS, 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. I am familiar with, and accept the obligations of registered agent. MARCH 23, 2004 (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Florida Department of State Due By May 1, 2004 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE ☐ Change Addition CLINE, DIANE NAME 2325 NE 19TH AVENUE STREET ADDRESS STREET ADDRESS WILTON MANORS FL 33305 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition HOLLAND, BEA NAME NAME 614 NE 26TH STREET STREET ADDRESS STREET ADDRESS WILTON MANORS FL 33305 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete L'UNSFORD, ANN NAME NAME 1973 CORAL GARDENS DRIVE STREET ADDRESS STREET ADDRESS WILTON MANORS FL 33306 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE KUTA, PAUL A NAME NAME 500 NE 28TH STREET STREET ADDRESS STREET ADDRESS WILTON MANORS FL 33334 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition SCHOTANUS, MARLENE NAME NAME 105 SOUTH ALMAR DR. STREET ADDRESS STREET ADDRESS WILTON MANORS FL 33334 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition HOLLAND, CHESTER 614 N.E. 26TH STREET STREET ADDRESS STREET ADDRESS WILTON MANORS FL 33305 CITY-ST-ZIP 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.

FILED

SIGNATURE: Paul A. Kuta MARCH 22, 2004 954-566-9019