


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 04, 2005 08:00 AM
Secretary of State

| | | | | | |
|---|--|--|--|---|--|
| DOCUMENT # 761380 1. Entity Name WILTON MANORS CIVIC ASSOCIATION, INC. | | | |  | |
| Principal Place of Business 500 N.E. 28TH ST. FORT LAUDERDALE FL 33334-2036 US | | | Mailing Address 500 N.E. 28TH ST. FORT LAUDERDALE FL 33334-2036 US | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 4. FEI Number 59-2153381 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent KUTA, PAUL A 500 N.E. 28TH ST. WILTON MANORS FL 33334 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | |
| 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. | | | | 1st MOORE CR2E037 (10/04) | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> | | | | DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small> | |
| FILE NOW: FEE IS \$61.25 Due By May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make Check Payable to Florida Department of State | | 10. OFFICERS AND DIRECTORS | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| PD CLINE, DIANE 2325 NE 19TH AVENUE WILTON MANORS FL 33305 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | | |
| D HOLLAND, BEA 614 NE 26TH STREET WILTON MANORS FL 33305 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | | |
| VD LUNSFORD, ANN 1973 CORAL GARDENS DRIVE WILTON MANORS FL 33306 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | | |
| TSD KUTA, PAUL A 500 NE 28TH STREET WILTON MANORS FL 33334 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | | |
| D SCHOTANUS, MARLENE 105 SOUTH ALMAR DR. WILTON MANORS FL 33334 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | | |
| D HOLLAND, CHESTER 614 N.E. 26TH STREET WILTON MANORS FL 33305 | | TITLE 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 03-02-05 954-566-9019 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |