

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90033 047 ****61.25

DOCUMENT # 763781

1. Entity Name

WILTON PINES TOWNHOMES ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2132 N.E. 9TH AVENUE
 FT. LAUDERDALE FL 33305

2132 N.E. 9TH AVENUE
 FT. LAUDERDALE FL 33305-2242

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

59-2223617

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEST, BARBARA J.
2132 N.E. 9TH AVENUE
FT. LAUDERDALE FL 33305

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	<input type="checkbox"/> Delete
NAME	PADEL, CARL	
STREET ADDRESS	2125 NE 11TH AVE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33305	
TITLE	VD	<input type="checkbox"/> Delete
NAME	VOGEL, KURT	
STREET ADDRESS	2124 N E 9TH AVE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33305	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BARBARA WEST	
STREET ADDRESS	2132 NE 9 AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PERRY, BETTY	
STREET ADDRESS	2122 NE 9TH AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33305	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Richard St. Denis	
STREET ADDRESS	2134 NE 9th Ave.	
CITY-ST-ZIP	Ft. Laud. FL 33305	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brian Kelly	
STREET ADDRESS	2122 NE 9th Ave.	
CITY-ST-ZIP	Ft. Laud FL 33305	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jeanne Brady	
STREET ADDRESS	2123 NE 11th Ave.	
CITY-ST-ZIP	Ft. Laud. FL 33305	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Barbara J. West*
BARBARA J. WEST REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/03/00 (454) 564-0742
 Date Daytime Phone #

CR2E037 (9/99)