

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2002 8:00 am
Secretary of State

0074283

DOCUMENT # 763781

1. Entity Name

WILTON PINES TOWNHOMES ASSOCIATION, INC.

03-31-2002 90049 038 ****61.25

Principal Place of Business

Mailing Address

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

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2223617**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

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

Name ~~STEVEN S. VALANCY - RA~~
 Street Address (P.O. Box Number is Not Acceptable)
311 SE 13TH ST
 City **FORT LAUDERDALE FL** Zip Code **33316**

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 STEVEN S. VALANCY DATE 3/22/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
PD	ST. DENIS, RICHARD	2134 NE 9TH AVE	FT. LAUDERDALE FL 33305	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
VP	KELLY, BRIAN	2122 NE 9TH AVE	FT. LAUDERDALE FL 33305	<input checked="" type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
TD	BARBARA WEST	2132 NE 9 AVE.	FT. LAUDERDALE FL	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
SD	BRADY, JEANNE	2123 NE 11TH AVE	FT. LAUDERDALE FL 33305	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
BMS	GIVENS, BRENDA	2130 NE 9 AVENUE	FORT LAUDERDALE FL 33305	<input checked="" type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 West SIGNATURE REQUIRED DATE 3/20/02 DAYTIME PHONE # (954) 564-0742
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)