


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90378 022 ****61.25

DOCUMENT # 763781

1. Entity Name
WILTON PINES TOWNHOMES ASSOCIATION, INC.



Principal Place of Business
**311 SE 13TH STREET
 FT. LAUDERDALE, FL 33316**

Mailing Address
**2305 HARDING STREET
 HOLLYWOOD, FL 33020**



2. Principal Place of Business
**c/o DCI Prop. Mgmt.
 Suite, Apt. #, etc.
 suite 200**

3. Mailing Address
 Suite, Apt. #, etc.

03092006 Chg-NP CR2E037 (11/05)

City & State
Hollywood, FL

City & State

4. FEI Number
59-2223617

Applied For
 Not Applicable

Zip
33020

Country
Broward

Zip

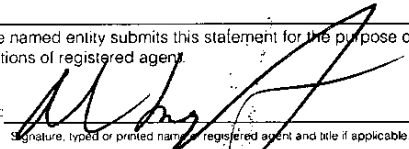
Country

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

6. Name and Address of Current Registered Agent
**VALANEY PA, STEVEN S
 311 SE 13TH ST
 FORT LAUDERDALE, FL 33316**

7. Name and Address of New Registered Agent
 Name **Mayrowitz Andrew**
 Street Address (P.O. Box Number is Not Acceptable)
40 DCI 2035 Harding Street #200
 City **Hollywood** FL Zip Code **33020**

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.

SIGNATURE:  DATE: **3/10/06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make check payable to
 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	ST. DENIS, RICHARD	
STREET ADDRESS	2134 NE 9TH AVE	
CITY- ST- ZIP	FT. LAUDERDALE, FL 33305	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BARBARA WESI	
STREET ADDRESS	2132 NE 9 AVE.	
CITY- ST- ZIP	FT. LAUDERDALE, FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	COBB, TOM	
STREET ADDRESS	2117 NE 11 AVE	
CITY- ST- ZIP	WILTON MANORS, FL 33305	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ARIES, ISABELL	
STREET ADDRESS	2136 NE 9 AVE	
CITY- ST- ZIP	WILTON MANORS, FL 33305	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHUCKMAN, MARK	
STREET ADDRESS	3124 NE 9 AVE	
CITY- ST- ZIP	WILTON MANORS, FL 33305	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jason Jones	
STREET ADDRESS	2128 NE 9 Ave.	
CITY- ST- ZIP	Wilton Manors, FL 33305	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Larry Schine	
STREET ADDRESS	2126 NE 9 Ave.	
CITY- ST- ZIP	Wilton Manors, FL 33305	
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 exemptions contained in Chapter 119, 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:  **Ronald D'Onia** DATE: **3-9-06** DAYTIME PHONE #: **954-745-1170**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR