

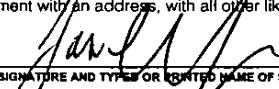


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 15, 2008 8:00 am**  
**Secretary of State**

02-15-2008 90015 013 \*\*\*\*61.25

<b>DOCUMENT # 763781</b>					
1. Entity Name WILTON PINES TOWNHOMES ASSOCIATION, INC.					
Principal Place of Business C/O PROPERTY MANAGEMENT SUITE 200 HOLLYWOOD, FL 33020		Mailing Address 2305 HARDING STREET HOLLYWOOD, FL 33020			
2. Principal Place of Business - No P.O. Box # Association Services of Fla		3. Mailing Address Association Services of Fla.			
Suite, Apt. #, etc. 10112 USA Today Way		Suite, Apt. #, etc. 10112 USA Today Way		01142008 Chg-NP CR2E037 (12/06)	
City & State Miramar, Florida		City & State Miramar, Florida		4. FEI Number 59-2223617	
Zip 33025		Country USA		Applied For Not Applicable	
Zip 33025		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MEYROWITZ, ANDREW C/O DCI 2035 HARDING ST., #200 HOLLYWOOD, FL 33020			7. Name and Address of New Registered Agent Name BARBARA HERNDON, PRESIDENT Street Address (P.O. Box Number is Not Acceptable) Association Services of Florida 10112 USA Today Way City Miramar FL Zip Code 33025		
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 2/1/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COBB, TOM 2117 NE 11TH AVENUE WILTON MANORS, FL 33305	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ROCKETT BRYAN 2122 NE 9TH AVE Wilton Manors, FL 33305	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WYNN, TRACY 2118 NE 9TH AVENUE WILTON MANORS, FL 33305	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Wynn, Tracy 2118 NE 9TH AVE Wilton Manors, FL 33305	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JONES, JASON 2128 NE 9 AVE WILTON MANORS, FL 33305	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 			DATE: 2/1/08		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

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