

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763781

FILED
Mar 11, 2009
Secretary of State

Entity Name: WILTON PINES TOWNHOMES ASSOCIATION, INC.

Current Principal Place of Business:

ASSOCIATION SERVICES OF FLA
10112 USA TODAY WAY
HOLLYWOOD, FL 33025

New Principal Place of Business:

ASSOCIATION SERVICES OF FLORIDA
10112 USA TODAY WAY
MIRAMAR, FL 33025

Current Mailing Address:

ASSOCIATION SERVICES OF FLA
10112 USA TODAY WAY
HOLLYWOOD, FL 33025

New Mailing Address:

ASSOCIATION SERVICES OF FLORIDA
10112 USA TODAY WAY
MIRAMAR, FL 33025

FEI Number: 59-2223617

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERNDON, BARBARA
ASSOCIATION SERVICES FLORIDA
10112 USA TODAY WAY
MIRAMAR, FL 33025 US

Name and Address of New Registered Agent:

SKRBIN, GEORGE PRES
ASSOCIATION SERVICES FLORIDA
10112 USA TODAY WAY
MIRAMAR, FL 33025 US

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: GEORGE SKRBIN

03/11/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: CROCKETT, BRYAN
Address: 2122 NE 9TH AE
City-St-Zip: WILTON MANORS, FL 33305

Title: S () Delete
Name: WYNN, TRACY
Address: 211 8 NE 91 TRANE
City-St-Zip: WELTON MANORS, FL 33305

Title: P () Delete
Name: JONES, JASON
Address: 2128 NE 9 AVE
City-St-Zip: WILTON MANORS, FL 33305

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: WYNN, TRACY PRES
Address: 2118 N.E. 91 TRAME
City-St-Zip: WILTON MANORS, FL 33305

Title: SEC (X) Change () Addition
Name: COBB, TOM SEC
Address: 2117 N.E. 11TH AVENUE
City-St-Zip: WILTON MANORS, FL 33305

Title: TRES (X) Change () Addition
Name: CROCKETT, BRYAN TRES
Address: 2122 N.E. 9TH AVENUE
City-St-Zip: WILTON MANORS, FL 33305

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TRACY WYNN

PRES

03/11/2009

Electronic Signature of Signing Officer or Director

Date