

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90209 031 *****61.25

DOCUMENT # N00000006517 1. Entity Name WILTON TERRACE MANAGEMENT ASSOCIATION, INC.			
Principal Place of Business 1125 NORTHWEST 30TH COURT WILTON MANORS, FL 33311		Mailing Address 1125 NORTHWEST 30TH COURT SUITE 21 WILTON MANORS, FL 33311	
2. Principal Place of Business <i>1125 NW 30th Ct.</i> Suite, Apt. #, etc. <i>#21</i>		3. Mailing Address <i>SAME</i>	
City & State <i>Wilton Manors FL</i> Zip <i>33311</i> Country <i>USA</i>		City & State <i>SAME</i> Zip <i>SAME</i> Country <i>SAME</i>	
4. FEI Number 65-1041887		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 9900 W. SAMPLE RD. SUITE 300 POMPANO BEACH, FL 33065		7. Name and Address of New Registered Agent Name <i>Becker & Poliakoff, P.A.</i> Street Address (P.O. Box Number is Not Acceptable) <i>3111 Stirling Rd.</i> City <i>Ft. Lauderdale FL</i> Zip Code <i>33312-4525</i>	
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
Filing Fee is \$61.25 Due by May 1, 2004		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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P NAME HUNT, KEITH ☒ Delete STREET ADDRESS 1125 NW 30TH CT. #18 CITY-ST-ZIP WILTON MANORS, FL 33311	TITLE P ☒ Change ☐ Addition NAME <i>Joseph O'Brien</i> STREET ADDRESS <i>1125 NW 30th Ct. #11 Wilton Manors FL 33311</i> CITY-ST-ZIP		
TITLE TS NAME ROSS, TIMOTHY A ☐ Delete STREET ADDRESS 1125 NW 30TH CT. #9 CITY-ST-ZIP WILTON MANORS, FL 33311	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE VP NAME QUINONES, STEPHANIE ☒ Delete STREET ADDRESS 1125 NW 30TH COURT #21 CITY-ST-ZIP WILTON MANORS, FL 33311	TITLE VP ☐ Change ☐ Addition NAME <i>Hunt, Keith</i> STREET ADDRESS <i>1125 NW 30th Ct. #18 Wilton Manors FL 33311</i> CITY-ST-ZIP		
TITLE D NAME O'BRIEN, JOSEPH ☒ Delete STREET ADDRESS 1125 NW 30TH CT. #10 CITY-ST-ZIP WILTON MANORS, FL 33311	TITLE D ☐ Change ☐ Addition NAME <i>Saucedo, Benjamin</i> STREET ADDRESS <i>1125 NW 30th Ct. #7 Wilton Manors FL 33311</i> CITY-ST-ZIP		
TITLE D NAME MALASEWICZ, SEPHIA ☒ Delete STREET ADDRESS 1125 NW 30TH COURT #21 CITY-ST-ZIP WILTON MANORS, FL 33311	TITLE D ☐ Change ☐ Addition NAME <i>Ortega, Jose</i> STREET ADDRESS <i>1125 NW 30th Ct. #20 Wilton Manors FL 33311</i> CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE ☐ Change ☐ 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: <i>Timothy A. Ross</i> Secretary/Treasurer <i>Timothy A. Ross</i> 1-17-2004 <i>954-630-0830</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			