2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2005 8:00 am Secretary of State

05-02-2005 90571 007 ****61.25

DOCUMENT # N0000006517

SIGNATURE:

WILTON TERRACE MANAGEMENT ASSOCIATION, INC. Principal Place of Business Mailing Address 1125 NORTHWEST 30TH COURT, #21 1125 NORTHWEST 30TH COURT, #21 WILTON MANORS, FL 33311 SUITE 21 WILTON MANORS, FL 33311 %D,,,,,,21-3D& 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01032005 Chg-NP CR2E037 (10/03) City & State City & State 4. FEI Number Applied For 65-1041887 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BECKERS & POLIAKOFF, P.A. 3111 STIRLING RD. Street Address (P.O. Box Number is Not Acceptable) FORT LAUDERDALE, FL 33312-6525 City Zip Code 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 (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Due by May 1, 2005 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Delete TITLE ☐ Change ☑ Addition President O'BRIEN, JOSEPH NAME NAME Sarah Cooper STREET ADDRESS 1125 NORTHWEST 30TH COURT, #11 STREET ADDRESS 1125 NW 30th Ct. #8 Wilton Manus FC 33311 CITY-ST-ZIP WILTON MANORS, FL 33311 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME ROSS, TIMOTHY A NAME STREET ADORESS 1125 NW 30TH CT. #9 STREET ADDRESS CITY-ST-ZIP WILTON MANORS, FL 33311 CITY-ST-ZIP Detete TITLE TITLE ☐ Addition James Ruach NAME HUNT, KEITH NAME STREET ADDRESS 1125 NORTHWEST 30TH COURT, #18 STREET ADDRESS CITY-ST-ZIP WILTON MANORS, FL 33311 CITY-ST-ZIP TITLE Delete TITLE SAUCEDO, BENJAMIN NAME NAME Jill Ludwig STREET ADDRESS 1125 NORTHWEST 30TH COURT, #7 STREET ADDRESS CITY-ST-ZIP WILTON MANORS, FL 33311 CITY-ST-ZIP m<u>e</u> ☐ Delete TITLE ORTEGA, JOSE NAME NAME STREET ADDRESS 1125 NORTHWEST 30TH COURT, #20 STREET ADDRESS CITY-ST-7IF WILTON MANORS, FL 33311 CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR