

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004999

FILED
Feb 26, 2008
Secretary of State

Entity Name: WESTSIDE ASSOCIATION OF WILTON MANORS, INC.

Current Principal Place of Business:

308 NW 20TH ST
WILTON MANORS, FL 33311

New Principal Place of Business:

Current Mailing Address:

PO BOX 100845
FORT LAUDERDALE, FL 33310

New Mailing Address:

FEI Number: 65-1157828

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOYKO, NICHOLAS
308 NW 20TH ST
WILTON MANORS, FL 33311 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BOYKO, NICHOLAS
Address: 308 NW 20TH ST
City-St-Zip: WILTON MANORS, FL 33311

Title: T () Delete
Name: LITTLE, BEN
Address: 2525 NW 3RD AVE
City-St-Zip: WILTON MANORS, FL 33311

Title: S () Delete
Name: CALABRESE, ALICE
Address: 2901 NW 9TH AVE
City-St-Zip: WILTON MANORS, FL 33311

Title: D () Delete
Name: SCHNALL, ILENE
Address: 400 NW 27TH AVE
City-St-Zip: WILTON MANORS, FL 33311

Title: V () Delete
Name: MORTON, KIRK
Address: 1009 NW 29TH COURT
City-St-Zip: WILTON MANORS, FL 33311

Title: D (X) Delete
Name: MCCARTHY, SHERRILL
Address: 232 N.W. 29TH STREET
City-St-Zip: WILTON MANORS, FL 33311

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SEC (X) Change () Addition
Name: BOYKO, NICHOLAS
Address: 308 NW 20TH ST
City-St-Zip: WILTON MANORS, FL 33311

Title: TRES (X) Change () Addition
Name: CALABRESE, ALICE
Address: 2901 NW 9TH AVE
City-St-Zip: WILTON MANORS, FL 33311

Title: D (X) Change () Addition
Name: HUBER, KEITH
Address: 732 NW 30TH COURT
City-St-Zip: WILTON MANORS, FL 33311

Title: VP (X) Change () Addition
Name: SCHNALL, ILENE
Address: 400 NW 27TH AVE
City-St-Zip: WILTON MANORS, FL 33311

Title: P (X) Change () Addition
Name: SILVERMAN, RITA
Address: 509 NW 28TH CT
City-St-Zip: WILTON MANORS, FL 33311

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ILENE S. SCHNALL

VP

02/26/2008

Electronic Signature of Signing Officer or Director

Date