

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000004999

**FILED**  
**Jan 06, 2010**  
**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:**

SCHNALL & CADOGAN, PL  
101 NE THIRD AVE  
1120  
FORT LAUDERDALE, FL 33301 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: ILENE S SCHNALL

01/06/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: SEC  
Name: VACCA, REX  
Address: 308 NW 20TH ST  
City-St-Zip: WILTON MANORS, FL 33311

Title: TRES  
Name: MOLIEUS, ROBERT  
Address: 800 NW 28TH COURT  
City-St-Zip: WILTON MANORS, FL 33311

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

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

I hereby 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 all other like empowered.

SIGNATURE: ILENE SCHNALL

VP

01/06/2010

Electronic Signature of Signing Officer or Director

Date