2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2007
Secretary of State

DOCUMENT# N02000002867

Entity Name: WILTON WEST CONDOMINIUM, INC.

Current Principal Place of Business:

733 N.W. 30TH COURT, UNIT #1
WILTON MANORS, FL 33311

New Principal Place of Business:

Current Mailing Address:

733 N.W. 30TH COURT, UNIT #6
WILTON MANORS, FL 33311

New Mailing Address:

FEI Number: 68-0522769 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REID, JENNIFER
733 N.W. 30TH COURT, UNIT #2
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: PD ( ) Delete
Name: REID, JENNIFER
Address: 733 NW 30 CT# 2
City-St-Zip: WILTON MANORS, FL 33311

Title: VPD ( ) Delete
Name: LA, VIOLETTE
Address: 733 N.W. 30TH COURT, UNIT #1
City-St-Zip: WILTON MANORS, FL 33311

Title: STD ( ) Delete
Name: SQUIRE, DOUGLAS
Address: 733 N.W. 30TH COURT, UNIT #1
City-St-Zip: WILTON MANORS, FL 33311

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: HUGHES, RON
Address: 733 NW 30 CT# 8
City-St-Zip: WILTON MANORS, FL 33311

Title: VPD (X) Change ( ) Addition
Name: REID, JENNIFER
Address: 733 N.W. 30TH COURT, UNIT #2
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 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: DOUG SQUIRE STD 01/14/2007

Electronic Signature of Signing Officer or Director — Date