

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008293

FILED
May 01, 2007
Secretary of State

Entity Name: WILTON MANORS MAIN STREET, INC.

Current Principal Place of Business:

524 NE 21ST CT
SUITE 100
WILTON MANORS, FL 33305

New Principal Place of Business:

Current Mailing Address:

524 NE 21ST CT
SUITE 100
WILTON MANORS, FL 33305

New Mailing Address:

FEI Number: 14-1852724 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SCHNALL, ILENE
101 NE THIRD AVENUE
SUITE 1500
FORT LAUDERDALE, FL 33301 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: SD (X) Delete
Name: HORNE, CHARLES
Address: 848 N. E. 20TH DRIVE
City-St-Zip: WILTON MANORS, FL 33305 US

Title: TD (X) Delete
Name: TURNER, ELAINE
Address: 2732 NE 15TH AVE
City-St-Zip: FORT LAUDERDALE, FL 33334

Title: VD () Delete
Name: CLINE, DIANE
Address: 2325 N.E. 19TH AVE.
City-St-Zip: WILTON MANORS, FL 33305 US

Title: PD () Delete
Name: SCHNALL, ILENE
Address: 101 NE THIRD AVENUE, SUITE 1500
City-St-Zip: FORT LAUDERDALE, FL 33301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: GERARD ANDREWS

ED

05/01/2007

Electronic Signature of Signing Officer or Director

_____ Date