2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008293

FILED Feb 19, 2009 Secretary of State

Entity Name: WILTON MANORS MAIN STREET, INC.

Current Principal Place of Business:	New Principal Place of Business:
524 NE 21ST CT SUITE 100 WILTON MANORS, FL 33305	
Current Mailing Address:	New Mailing Address:
EDAINE DART OT	

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

FEI Number: 14-1852724 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SCHNALL, ILENE
101 NE THIRD AVENUE
SUITE 1500
SCHNALL, ILENE
101 NE THIRD AVENUE
SUITE 1120

FORT LAUDERDALE, FL 33301 US 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 02/19/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

VD () Change () Addition () Delete CLINE, DIANE Name: Name: Address: 2325 N.E. 19TH AVE. Address: City-St-Zip: WILTON MANORS, FL 33305 US City-St-Zip: Title: PD () Delete Title: PD (X) Change () Addition Name: BLEVIN, DOUG Name: BLEVINS, DOUG Address: 101 NE THIRD AVENUE, SUITE 1500 Address: 524 NE 21ST COURT. #100 City-St-Zip: FORT LAUDERDALE, FL 33301 City-St-Zip: FORT LAUDERDALE, FL 33305 21 Title: () Delete Title: () Change () Addition PARKER, DAVID Name: Name: 2700 NW3RD AVENUE Address: Address: City-St-Zip: WILTON MANORS, FL 33305 City-St-Zip: () Delete Title: SD Title: () Change () Addition Name: ZERRELLA, TOM Name: Address: 2207 WILTON DRIVE Address: City-St-Zip: WILTON MANORS, FL 33305 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: DOUG BLEVINS PRES 02/19/2009