

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N04000001363</b> 1. Entity Name <b>THE GROVE AT WILTON MANORS CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>1750 UNIVERSITY DR. #205 CORAL SPRINGS, FL 33071</b>			Mailing Address <b>1750 UNIVERSITY DR. #205 CORAL SPRINGS, FL 33071</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
COREA, MICHAEL T 2660 NE 8TH AVE OFFICE WILTON MANORS, FL 33334				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME	COLLINS, CASS		NAME	U000000594698	
STREET ADDRESS	2660 NE 8TH AVE		STREET ADDRESS	01/23/07-80010-007 61.25	
CITY-ST-ZIP	WILTON MANORS, FL 33334		CITY-ST-ZIP		
TITLE	T		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME	JUST, ALAN		NAME		
STREET ADDRESS	2660 NE 8TH AVE		STREET ADDRESS		
CITY-ST-ZIP	WILTON MANORS, FL 33334		CITY-ST-ZIP		
TITLE	S		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME	SEBREE, JAMES		NAME		
STREET ADDRESS	2660 NE 8TH AVE #109		STREET ADDRESS		
CITY-ST-ZIP	WILTON MANORS, FL 33334		CITY-ST-ZIP		
TITLE	Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Alan Just, President</u> 1/17/2007 (954) 563-3261					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					