

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001363

FILED
Jan 17, 2009
Secretary of State

Entity Name: THE GROVE AT WILTON MANORS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1750 UNIVERSITY DR. #205
CORAL SPRINGS, FL 33071

New Principal Place of Business:

Current Mailing Address:

1750 UNIVERSITY DR. #205
CORAL SPRINGS, FL 33071

New Mailing Address:

FEI Number: 30-0311887

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHUCK & NICOLE SWIFT
SWIFT MGMT SOLUTIONS, INC
1750 UNIVERSITY DR 205
POMPANO BEACH, FL 33071 US

Name and Address of New Registered Agent:

SWIFT MANAGEMENT SOLUTIONS
1750 UNIVERSITY DR #205
POMPANO BEACH, FL 33071 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: NICOLE SWIFT

01/17/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JUST, ALLAN
Address: 1900 NE 19TH ST
City-St-Zip: WILTON MANORS, FL

Title: VPTD () Delete
Name: SCLOREE, JAMES
Address: 2660 NE 8TH AVE
City-St-Zip: WILTON MANORS, FL 33334

Title: D () Delete
Name: GUSTAFSON, HANS FREDTIK
Address: 401 E LAS OLAS BLVD 130
City-St-Zip: WILTON MANORS, FL 33334

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: WATSON, TOM
Address: 201 W 21ST ST #14F
City-St-Zip: NEW YORK, NY 16011

Title: D (X) Change () Addition
Name: GUSTAFSON, HANS FREDRIK
Address: 401 E LAS OLAS BLVD 130
City-St-Zip: WILTON MANORS, FL 33334

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: ALLAN JUST

P

01/17/2009

Electronic Signature of Signing Officer or Director

Date