

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000008259

FILED
Oct 13, 2005
Secretary of State

Entity Name: WILTON COVE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

120 NE 4 STREET
FT LAUDERDALE, FL 33301

New Principal Place of Business:

Current Mailing Address:

120 NE 4 STREET
FT LAUDERDALE, FL 33301

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEONARD, C. GLENN
1995 E OAKLAND PARK BLVD STE 105
FT LAUDERDALE, FL 33306 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: C GLENN LEONARD

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DPVS () Delete
Name: LEONARD, C. GLENN
Address: 1995 E OAKLAND PARK BLVD STE 105
City-St-Zip: FT LAUDERDALE, FL 33306

Title: T () Delete
Name: LEONARD, C. GLENN
Address: 1995 E OAKLAND PARK BLVD STE 105
City-St-Zip: FT LAUDERDALE, FL 33306

Title: D () Delete
Name: BARTEL, CAROL
Address: 1995 E OAKLAND PARK BLVD STE 105
City-St-Zip: FT LAUDERDALE, FL 33306

Title: D () Delete
Name: BENEDETTO, MARIANNE
Address: 1995 E OAKLAND PARK BLVD STE 105
City-St-Zip: FT LAUDERDALE, FL 33306

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 for the exemption stated in Section 119.07(3)(i), 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: C GLENN LEONARD

P

10/13/2005

Electronic Signature of Signing Officer or Director

Date