## 2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORTS

## FILED DOCUMENT # N04000009458 WILTON COMMONS CONDOMINIUM ASSOCIATION, INC. 2008 OCT 14 AM 10: 27 SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 1007 N FEDERAL HWY #134 1804 SHERMAN ST HOLLYWOOD, FL 33020 FT LAUDERDALE, FL 33304 3. Mailing Address 2. Principal Place of Business - No P.O. Box # P.O. Box 452199 8360 W. Oakland Pk.Blv Suite, Apt. #, etc. Suite, Apt. #, etc. 09152008 Chg-NP CR2E037 (12/06) Suite 301 Sunrise. FL33345 4. FEI Number 20-2574068 Applied For City & State City & State Not Applicable Sunrise Country Country \$8.75 Additional 5. Certificate of Status Desired 33351 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Bakalar & Eichner, P. A MARIKA TOLZ, RECEIVER Street Address (P.O. Box Number is Not Acceptable) 1804 SHERMAN ST HOLLYWOOD, FL 33020 150 S. Pine Island Rd. #540 Zip Code <u>Plantation</u> <u> B3324</u> 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. 1 am familiar with, and accept the obligations of registered agent. Make check payable to 9. Election Campaign Financing \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS PD TITLE Delete TITLE DVP PIERRE-LEWIS, JEAN NAME NAME Jean-Bernard Pierre-Louis 1007 N FEDERAL HWY #134 STREET ADDRESS STREET ADDRESS 300 S. Pine Island Rd.#304 CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE, FL 33304 Plantation, FL 33324 ☐ Change **XX**Addition TITLE XX Delete TITLE DP Miriam Brown NAME PIERRE-LEWIS, EGELENE NAME 22759A Mandeville PL 1007 N FEDERAL HWY #134 STREET ADDRESS STREET ADDRESS FT LAUDERDALE, FL. 33304 CITY-ST-ZIP Boca Raton, FL 33433 CITY-ST-ZIP \_ \_ \_ .Change \_x \_ Addition - Delete -TITLE-NAME /S/T Howard Forman NAME 301 East 66th Street \_# 10J STREET ADDRESS STREET ADDRESS New York, NY. 10021 Change Addition CITY-ST-ZIP-CITY-ST-ZIP ☐ Delete NAME MANIE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP . ☐ Delete Change ☐ Addition TITLE TITLE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

9/26/08 56/3926402

MIRIAM L BROWN

SIGNATURE: