

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

03-22-2006 90026 047 \*\*\*\*61.25

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|                                                                      |                                                                                   |
|----------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # N05000008813</b>                                       |  |
| 1. Entity Name<br><b>WILTON CENTRE CONDOMINIUM ASSOCIATION, INC.</b> |                                                                                   |

|                                                                                                  |                                                                                      |
|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| Principal Place of Business<br><b>1937 EAST ATLANTIC BLVD SUITE 9<br/>POMPANO BEACH FL 33360</b> | Mailing Address<br><b>1937 EAST ATLANTIC BLVD SUITE 9<br/>POMPANO BEACH FL 33360</b> |
|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|

|                                                                                                                                           |                    |
|-------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| 2. Principal Place of Business<br>Suite, Apt. <b>CHANGE of Place of Business &amp; Mailing Address,<br/>2101 N Andrews Ave, Suite 107</b> | 3. Mailing Address |
| City & State <b>Wilton Manors, FL 33311</b>                                                                                               |                    |

|     |         |     |         |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

|                                                                                                                                                           |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent<br><br><b>BEESON, JR, JAMES M</b><br><br><b>2101 N Andrews Ave, Suite 107<br/>Wilton Manors, FL 33311</b> |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--|

|                                                                                                 |                                                        |
|-------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>20 3649506</b>                                                              | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                                                        |

|                                                    |          |
|----------------------------------------------------|----------|
| 7. Name and Address of New Registered Agent        |          |
| Name                                               |          |
| Street Address (P.O. Box Number is Not Acceptable) |          |
| City                                               | 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>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2006</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> | <b>Make Check Payable to<br/>Florida Department of State</b> |
|--------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                               |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                     |                                                                              |
|----------------------------------------------------------|---------------------------------|---------------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br><b>D</b>                                        | <input type="checkbox"/> Delete | TITLE<br><b>2101 N Andrews Ave, Suite 107<br/>Wilton Manors, FL 33311</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br><b>LEWIN, ISRAEL</b>                             |                                 |                                                                           |                                                                              |
| STREET ADDRESS<br><b>1937 EAST ATLANTIC BLVD SUITE 9</b> |                                 |                                                                           |                                                                              |
| CITY-ST-ZIP<br><b>POMPANO BEACH FL 33360</b>             |                                 |                                                                           |                                                                              |
| TITLE<br><b>DP</b>                                       | <input type="checkbox"/> Delete | TITLE<br><b>2101 N Andrews Ave, Suite 107<br/>Wilton Manors, FL 33311</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br><b>BEESON, JR, JAMES M</b>                       |                                 |                                                                           |                                                                              |
| STREET ADDRESS<br><b>1937 EAST ATLANTIC BLVD SUITE 9</b> |                                 |                                                                           |                                                                              |
| CITY-ST-ZIP<br><b>POMPANO BEACH FL 33360</b>             |                                 |                                                                           |                                                                              |
| TITLE<br><b>D</b>                                        | <input type="checkbox"/> Delete | TITLE<br><b>2101 N Andrews Ave, Suite 107<br/>Wilton Manors, FL 33311</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br><b>KOPLowitz, JOE</b>                            |                                 |                                                                           |                                                                              |
| STREET ADDRESS<br><b>1937 EAST ATLANTIC BLVD SUITE 9</b> |                                 |                                                                           |                                                                              |
| CITY-ST-ZIP<br><b>POMPANO BEACH FL 33360</b>             |                                 |                                                                           |                                                                              |
| TITLE<br><b>VP</b>                                       | <input type="checkbox"/> Delete | TITLE<br><b>2101 N Andrews Ave, Suite 107<br/>Wilton Manors, FL 33311</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br><b>BRAUNSTEIN, BEN</b>                           |                                 |                                                                           |                                                                              |
| STREET ADDRESS<br><b>1937 EAST ATLANTIC BLVD SUITE 9</b> |                                 |                                                                           |                                                                              |
| CITY-ST-ZIP<br><b>POMPANO BEACH FL 33360</b>             |                                 |                                                                           |                                                                              |
| TITLE<br><b>S</b>                                        | <input type="checkbox"/> Delete | TITLE<br><b>2101 N Andrews Ave, Suite 107<br/>Wilton Manors, FL 33311</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br><b>KOPLowitz, DAVID</b>                          |                                 |                                                                           |                                                                              |
| STREET ADDRESS<br><b>1937 EAST ATLANTIC BLVD SUITE 9</b> |                                 |                                                                           |                                                                              |
| CITY-ST-ZIP<br><b>POMPANO BEACH FL 33360</b>             |                                 |                                                                           |                                                                              |
| TITLE                                                    | <input type="checkbox"/> Delete | TITLE                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 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 Section 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: *[Signature]* **3/10/2006** **954-883-8953**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

ATTACHMENT

66008183

***From the Desk of Sue Halpin***

**954-563-8953**

***Fax: 563-8052***

***Wednesday, March 29, 2006***

Division of Corporations  
P. O. Box 1500  
Tallahassee, Florida 32302-1500

Re: Corrected Annual Report

Reference # N05000008813

Wilton Centre Condominium Association, Inc.

Attached please find the Corrected Annual Reports that we received on March 27, 2006 for the following entities:

The EIN number has been added.

If you require any additional information, please call the above number.