

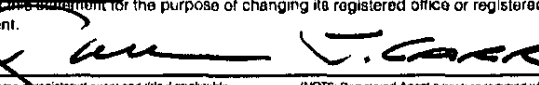
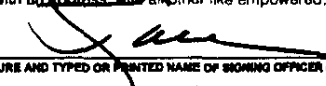


FILED
Mar 21, 2008 08:00 AM
Secretary of State

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N05000008813			
1. Entity Name WILTON CENTRE CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 2101 NORTH ANDREWS AVENUE SUITE 300 FORT LAUDERDALE, FL 33311		Mailing Address 2101 NORTH ANDREWS AVENUE SUITE 300 FORT LAUDERDALE, FL 33311	
DO NOT WRITE IN THIS SPACE			
		 03132008 No Chg-NP CR2E037 (4/08)	
		4. FEI Number 20-3649506	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CARR, JACK 2101 N ANDREWS AVE SUITE 300 FORT LAUDERDALE, FL 33311		DO NOT WRITE IN THIS SPACE	
8. The above named entity submits this document 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  J. CARR 03.14.08 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARR, JACK 2101 N ANDREWS AVE STE 300 FORT LAUDERDALE, FL 33311		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LASKY, SUSAN 2101 N ANDREWS AVE STE 405 FORT LAUDERDALE, FL 33311		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MOLDOW, BRUCE 2101 N ANDREWS AVE STE 300 FORT LAUDERDALE, FL 33311		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WAHRMAN, TOMMI 2101 N ANDREWS AVE STE 300 FORT LAUDERDALE, FL 33311		
TITLE NAME STREET ADDRESS 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 appropriate address and other like empowered.			
SIGNATURE: 		03.14.08 954 7125968 <small>Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #</small>	