2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010734

FILED Mar 15, 2006 Secretary of State

Entity Name: THE ENCLAVE OF WILTON MANORS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1501 NE 4TH AVE.

FT. LAUDERDALE, FL 33304

Current Mailing Address: New Mailing Address:

1501 NE 4TH AVE. 1314 E. LAS OLAS BLVD.

FT. LAUDERDALE, FL 33304 STE. 1114 FT. LAUDERDALE, FL 33301

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GALATIS, TED P. JR. 1501 NE 4TH AVE.

FT. LAUDERDALE, FL 33304 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:

Clarkers is Circusture of Decistors of Asset

Electronic Signature of Registered Agent

Date

(X) Change () Addition

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

HALE, KENNETH

Title: DP () Delete
Name: HALE, KENNY

Name: HALE, KENNY Name:

Address: 1314 E. LAS OLAS BLVD., STE. 1114 Address: 1314 E. LAS OLAS BLVD., STE. 1114

City-St-Zip: FT. LAUDERDALE, FL 33301 City-St-Zip: FT. LAUDERDALE, FL 33301

Title: DV () Delete Title: () Change () Addition

 Name:
 SCHECHER, GLENN R.
 Name:

 Address:
 P.O. BOX 4874
 Address:

 City-St-Zip:
 FT. LAUDERDALE, FL 33338
 City-St-Zip:

Title: DS () Delete Title: () Change () Addition

 Name:
 HUELLEN, DEBORAH
 Name:

 Address:
 P.O. BOX 4862
 Address:

 City-St-Zip:
 FT. LAUDERDALE, FL 33338
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: KENNETH HALE DP 03/15/2006