

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012594

FILED
Apr 21, 2008
Secretary of State

Entity Name: WILTON PARK CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

820 NE 28TH ST UNITS 1-5
WILTON MANORS, FL 33334

New Principal Place of Business:

Current Mailing Address:

820 NE 28TH ST UNIT 4
WILTON MANORS, FL 33334

New Mailing Address:

FEI Number: 20-4743115

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRANTALIS, DEAN J ESQ.
2255 WILTON DRIVE
WILTON MANORS, FL 33305 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LEVY, MARIA G
Address: 820 NE 28TH ST UNIT 4
City-St-Zip: WILTON MANORS, FL 33334

Title: VP () Delete
Name: DRAGO, KRISTEN
Address: 820 NE 28TH ST UNIT 2
City-St-Zip: WILTON MANORS, FL 33334

Title: T () Delete
Name: LEVY, DOUGLAS A
Address: 820 NE 28TH ST UNIT 4
City-St-Zip: WILTON MANORS, FL 33334

Title: S () Delete
Name: CANFIELD, STEPHANIE
Address: 820 NE 28TH ST UNIT 5
City-St-Zip: WILTON MANORS, FL 33334

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 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: DOUGLAS A LEVY

T

04/21/2008

Electronic Signature of Signing Officer or Director

Date