


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

6-28

|  |   |
|--|---|
| DOCUMENT # N06000001986  |  |
| 1. Entity Name<br>THE HEMINGWAY AT WILTON MANORS CONDOMINIUM ASSOCIATION, INC. |   |

FILED

07 FEB -2 PM 2:27



|   |   |
|---|---|
| Principal Place of Business<br>721 NE 3RD AVE<br>FT LAUDERDALE FL 33404 | Mailing Address<br>721 NE 3RD AVE<br>FT LAUDERDALE FL 33404 |
|---|---|

|   |   |
|---|---|
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc.<br>City & State<br>Zip, Country | 3. Mailing Address<br>Suite, Apt. #, etc.<br>City & State<br>Zip, Country |
|---|---|

1st MOORE CR2E037 (10/06)

|  |                               |
|--|-------------------------------|
| 4. FEI Number  | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required   |                               |
| 6. Name and Address of Current Registered Agent<br>SOLOMON & FURSHMAN LLP<br>1666 KENNEDY CAUSEWAY SUITE 302<br>NORTH BAY VILLAGE FL 33141 |                               |
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City FL 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**Make Check Payable to  
Florida Department of State**

| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>DOERING, JOHN C<br>721 NE 3RD AVE<br>FT LAUDERDALE FL 33404 <input type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>DOERING, RALPH H III<br>721 NE 3RD AVE<br>FT LAUDERDALE FL 33404 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | STD<br>GLENN, SUSIE<br>721 NE 3RD AVE<br>FT LAUDERDALE FL 33404 <input type="checkbox"/> Delete        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:

*Ralph H. Doering, III* (Ralph H. Doering, III)

1/30/07

954-525-0240 x16

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #