

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004677

FILED
Mar 10, 2011
Secretary of State

Entity Name: OLD FLORIDA VILLAGE OF WILTON MANORS UNITOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

600 S. ANDREWS AVE., STE 300
FT. LAUDERDALE, FL 33301

New Principal Place of Business:

1750 UNIVERSITY DRIVE
SUITE # 205
CORAL SPRINGS, FL 33071

Current Mailing Address:

600 S. ANDREWS AVE., STE 300
FT. LAUDERDALE, FL 33301

New Mailing Address:

1750 UNIVERSITY DRIVE
SUITE # 205
CORAL SPRINGS, FL 33071

FEI Number: 26-0582527

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KURTZMAN, ALAN M
10700 NORTH KENDALL DRIVE, #204
204
MIAMI, FL 33176 US

Name and Address of New Registered Agent:

SWIFT MANAGEMENT SOLUTIONS
1750 UNIVERSITY DRIVE
SUITE # 205
CORAL SPRINGS, FL 33071 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: SWIFT MANAGEMENT SOLUTIONS

03/10/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: KURTZMAN, ALAN M
Address: 5555 HOLLYWOOD BLVD #300
City-St-Zip: HOLLYWOOD, FL 33021

Title: D
Name: HILL, CRAIG
Address: 4310 NE 15TH STREET
City-St-Zip: OAKLAND PARK, FL 33334

Title: S/T
Name: GROVES, LESLIE
Address: 5555 HOLLYWOOD BLVD #300
City-St-Zip: HOLLYWOOD, FL 33021

Title: PD
Name: DOWGEWICZ, MARK
Address: 822 OLD FLORIDA TRAIL
City-St-Zip: WILTON MANORS, FL 33334

Title: VPD
Name: SALVATORE, RICH
Address: 613 SW 2ND AVENUE
City-St-Zip: POMPANO BEACH, FL 33334

Title: D
Name: HUMPHREYS, BRIAN
Address: 2729 NE 9TH AVENUE
City-St-Zip: WILTON MANORS, FL 33334

I hereby 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 all other like empowered.

SIGNATURE: MARK DOWGEWICZ

PD

03/10/2011

Electronic Signature of Signing Officer or Director

Date