

**2009 CORPORATION ANNUAL REPORT**

DOCUMENT# N11000003386

**FILED**  
**May 03, 2009**  
**Secretary of State****Entity Name:** EAST NEIGHBORHOOD ASSOCIATION OF WILTON MANORS, INC.**Current Principal Place of Business:**P.O. BOX 39392  
FT. LAUDEDALE, FL 33339**New Principal Place of Business:**524 N. E. 21ST COURT  
WILTON MANORS, FL 33305**Current Mailing Address:**P.O. BOX 39392  
FT. LAUDERDALE, FL 33339**New Mailing Address:****FEI Number:** 16-1635725      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**ELlich, CELESTE  
1728 NE 27TH DRIVE  
WILTON MANORS, FL 33334      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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:****Title:** T      ( ) Delete  
**Name:** ELLICH, CELESTE  
**Address:** 1728 NE 27TH DRIVE  
**City-St-Zip:** WILTON MANORS, FL 33334**Title:** P      ( ) Delete  
**Name:** SCHAUMBURG, JEFFREY  
**Address:** 1675 CORAL GARDENS DRIVE  
**City-St-Zip:** WILTON MANORS, FL 33334**Title:** S      ( ) Delete  
**Name:** RICHARDSON, WILL  
**Address:** 1719 NE 28 STREET  
**City-St-Zip:** WILTON MANORS, FL 33334**Title:** D      (X) Delete  
**Name:** FIORE, JOHN  
**Address:** 2450 NE 15 AVENUE, #210  
**City-St-Zip:** WILTON MANORS, FL 33305**Title:** VP      (X) Delete  
**Name:** NEIN, BRETT  
**Address:** 1529 NE 28TH DR  
**City-St-Zip:** WILTON MANORS, FL 33334**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** P      (X) Change ( ) Addition  
**Name:** NEIN, BRETT  
**Address:** 1529 NE 28TH DR  
**City-St-Zip:** WILTON MANORS, FL 33334**Title:** S      (X) Change ( ) Addition  
**Name:** FIORE, JOHN  
**Address:** 2450 NE 15 AVENUE, #210  
**City-St-Zip:** WILTON MANORS, FL 33305**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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CELESTE S. ELLICH

T

05/03/2009

Electronic Signature of Signing Officer or Director

Date