2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # N34851

1. Entity Name
WILTON MANORS BUSINESS ASSOCIATION, INC.

Principal Place of Business
P. O. BOX 24332
FT. LAUDERDALE, FL 33307 US

Mailing Address
P. O. BOX 24332
FT. LAUDERDALE, FL 33307 US

02062008 No Chg-NP CR2E037 (11/05)

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4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GARCIA, VICTORIA N DT
P.O. BOX 24371
OAKLAND PARK, FL 33307

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	DT
NAME	GARCIA, VICTORIA N
STREET ADDRESS	P.O. BOX 24371
CITY-ST-ZIP	FT. LAUDERDALE, FL 33307
TITLE	DP
NAME	MATTAX, BILL
STREET ADDRESS	931 NE 18 COURT
CITY-ST-ZIP	FORT LAUDERDALE, FL 33305
TITLE	D
NAME	FESPERMAN, ROBERT W
STREET ADDRESS	2825 NW 9 TERRACE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33311
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/25/06-80036-007 61.25

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12. *I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ April 6, 2006 954-987-8525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #