

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002948

FILED  
Feb 09, 2009  
Secretary of State

**Entity Name:** WILES ROAD CENTER CONDOMINIUM II, INC.

**Current Principal Place of Business:**

12342 WILES ROAD  
CORAL SPRINGS, FL 33076

**New Principal Place of Business:**

**Current Mailing Address:**

12342 WILES ROAD  
CORAL SPRINGS, FL 33076

**New Mailing Address:**

**FEI Number:** 65-0720919

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SHAPIRO, BLASI, DECTOR& PIAZZA, P.A.  
7777 GLADES ROAD, SUITE 200  
BOCA RATON, FL 33434 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: PD ( ) Delete  
Name: THOMAS, SCOTT R  
Address: 12342 WILES RD  
City-St-Zip: CORAL SPRINGS, FL 33076

Title: SD ( ) Delete  
Name: BRYSON, ALAN J  
Address: 5155 CORPORATE WAY SUITE # I & J  
City-St-Zip: JUPITER, FL 33458

Title: TD ( ) Delete  
Name: HATTON, KEVIN  
Address: 12346 WILES RD  
City-St-Zip: CORAL SPRINGS, FL 33076

**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:

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: SCOTT THOMAS

PD

02/09/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date