

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2007 8:00 am
Secretary of State

05-10-2007 90028 039 ****61.25

DOCUMENT # N97000004835					
1. Entity Name WILSHIRE PINES I CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business C/O R & P PROPERTY MANAGEMENT 265 AIRPORT RD. SO. NAPLES, FL 34104			Mailing Address C/O R & P PROPERTY MANAGEMENT 265 AIRPORT RD. SO. NAPLES, FL 34104		
2. Principal Place of Business - No. Box # KMA Company Suite, Apt. #, etc. 9844 LUNA CIR. D103		3. Mailing Address KMA Company Suite, Apt. #, etc. PO Box 111802		40110027	
City & State NAPLES, FL		City & State NAPLES, FL		4. FEI Number 59-3586429	
Zip 34109		Country COLLIER		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent R & P PROPERTY MANAGEMENT 265 AIRPORT ROAD SO. NAPLES, FL 34104			7. Name and Address of New Registered Agent Name: KMA Company Street Address (P.O. Box Number is Not Acceptable): 9844 LUNA CIR. Suite, Apt. #, etc.: D103 City: NAPLES FL Zip Code: 34109		
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: <u>Heeb Solomon</u> <u>H. Sol</u> <u>4/25/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	PD MONICO, TONY 6315 WILSHIRE PINES CIR, #404 NAPLES, FL 34109	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MONICO, JANE 6315 WILSHIRE PINES CIR, #404 NAPLES, FL 34109	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SHARPE, TUESDEE 6325 WILSHIRE PINES CIR #305 NAPLES, FL 34109	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WESTALL, CAREY NAPLES, FL 34109 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 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: <u>Anthony W. Manue</u> <u>4/25/07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					