

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004835

FILED
Mar 25, 2009
Secretary of State

Entity Name: WILSHIRE PINES I CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

KMA COMPANY
9844 MUNA CIR D103
NAPLES, FL 34109

New Principal Place of Business:

KMA COMPANY
9844 LUNA CIR D103
NAPLES, FL 34109

Current Mailing Address:

KMA COMPANY
P.O. BOX 111802
NAPLES, FL 34108

New Mailing Address:

FEI Number: 59-3586429 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KMA COMPANY
9844 LUNA CIR
D103
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

SOLOMON, HERB
9844 LUNA CIR
D103
NAPLES, FL 34109 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: HERB SOLOMON

03/25/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: MONICO, TONY
Address: 6315 WILSHIRE PINES CIR, #404
City-St-Zip: NAPLES, FL 34109

Title: VPD () Delete
Name: MONICO, JANE
Address: 6315 WILSHIRE PINES CIR, #404
City-St-Zip: NAPLES, FL 34109

Title: VPD () Delete
Name: WESTALL, CAREY
Address: 6315 WILSHIRE PINES CIR
City-St-Zip: NAPLES, FL 34109

Title: PD () Delete
Name: ROUDEAU, BEVERLY
Address: 6305 WILSHIRE PINES CIR, 504
City-St-Zip: NAPLES, FL 34109

Title: D () Delete
Name: SHARPE, TUESDEE
Address: 6315 WILSHIRE PINES CIR, 407
City-St-Zip: NAPLES, FL 34109

Title: SD (X) Delete
Name: SHIELDS, JUDY
Address: 6315 WILSHIRE PINES CIR, 407
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: WESTALL, CAREY
Address: 6315 WILSHIRE PINES CIR, #405
City-St-Zip: NAPLES, FL 34109

Title: VPD (X) Change () Addition
Name: ATTAVAR, AJIT
Address: 6315 WILSHIRE PINES CIR, #401
City-St-Zip: NAPLES, FL 34109

Title: SD (X) Change () Addition
Name: SHIELDS, JUDY
Address: 6315 WILSHIRE PINES CIR, #407
City-St-Zip: NAPLES, FL 34109

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: HERB SOLOMON, AGENT

MGR

03/25/2009

Electronic Signature of Signing Officer or Director

Date