2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2010
Secretary of State

DOCUMENT# N97000004835

Entity Name: WILSHIRE PINES I CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

KMA COMPANY
9844 LUNA CIR D103
NAPLES, FL 34109

New Principal Place of Business:

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:

SOLOMON, HERB
9844 LUNA CIR
D103
NAPLES, FL 34109 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: TD
Name: WESTALL, CAREY
Address: 6315 WILSHIRE PINES CIR, #405
City-St-Zip: NAPLES, FL 34109

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: HERB SOLOMON MGR 03/29/2010

Electronic Signature of Signing Officer or Director — Date