

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004835

FILED  
Mar 23, 2011  
Secretary of State

**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: PTD  
Name: ROUDEAU, BEVERLY  
Address: 6305 WILSHIRE PINES CIR, #504  
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: 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

RA

03/23/2011

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

\_\_\_\_\_  
Date