

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90446 004 ***150.00

DOCUMENT # P02000036570

1. Entity Name

GW WILTON MANORS, INC.



Principal Place of Business

101 SE 21TH STREET
FORT LAUDERDALE FL 33316

Mailing Address

101 SE 21TH STREET
FORT LAUDERDALE FL 33316

2. Principal Place of Business

120 NE 4TH Street
Fort Lauderdale, Fl 33301

3. Mailing Address

120 NE 4TH Street
Fort Lauderdale, Fl 33301



MOORE

CR2E034 (11/03)

4. FEI Number

01-0651864

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RICHARDSON, GEX
101 SE 21ST STREET
FORT LAUDERDALE FL 33316

7. Name and Address of New Registered Agent

Name

RICHARDSON, GEX F

Street

120 NE 4TH STREET

City

FORT LAUDERDALE, FL 33301

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DPT ☐ Delete
NAME WRIGHT, GLENN B JR
STREET ADDRESS 101 SE 21ST STREET
CITY-ST-ZIP FT LAUDERDALE FL 33316

TITLE DVS ☐ Delete
NAME WRIGHT, PATRICIA K
STREET ADDRESS 101 SE 21ST STREET
CITY-ST-ZIP FT LAUDERDALE FL 33316

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/04 954-761 3472