

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000003136

Entity Name: CENTRAL AREA NEIGHBORHOOD ASSOCIATION OF WILTON MANORS, INC.**FILED**
Apr 06, 2014
Secretary of State
CC3976161442**Current Principal Place of Business:**2016 NE 6TH TER
WILTON MANORS, FL 33305**Current Mailing Address:**P.O.BOX 70045
FORT LAUDERDALE, FL 33307-0045**FEI Number: 61-1529522****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**RUPPENDER, CONSTANCE
308 NE 20 STREET
WILTON MANORS, FL 33305 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	ROLLI, PAUL
Address	2016 NE 6TH TER
City-State-Zip:	WILTON MANORS FL 33305

Title	DIRECTOR
Name	RUPPENDER, CONSTANCE
Address	308 N.E. 20TH STREET
City-State-Zip:	WILTON MANORS FL 33305

Title	DIRECTOR
Name	CROMAR, JAMES
Address	2408 NE 8 AVE
City-State-Zip:	WILTON MANORS FL 33305

Title	VP
Name	CAPLAN, FRED
Address	506 NE 19TH TER
City-State-Zip:	WILTON MANORS FL 33305

Title	TREASURER
Name	D'ARMINIO, DON
Address	328 NE 20TH ST
City-State-Zip:	WILTON MANORS FL 33305

Title	SECRETARY
Name	WHITE, BRENT
Address	2037 NE 6TH TER
City-State-Zip:	WILTON MANORS FL 33305

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: PAUL ROLLI**PRESIDENT****04/06/2014**

Electronic Signature of Signing Officer/Director Detail

Date