

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000003136

Entity Name: CENTRAL AREA NEIGHBORHOOD ASSOCIATION OF WILTON MANORS, INC.**FILED**
Jan 09, 2017
Secretary of State
CC6419755824**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 US**FEI Number: 61-1529522****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**ROLLI, PAUL
2016 NE 6TH TER
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: PAUL ROLLI****01/09/2017**

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

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

Title	SECRETARY
Name	GILL, MATTHEW
Address	129 NE 29TH ST
City-State-Zip:	WILTON MANORS FL 33344

Title	VP
Name	CARRIER, RAYMOND
Address	2048 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 J ROLLI**PRESIDENT****01/09/2017**

Electronic Signature of Signing Officer/Director Detail

Date