

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000008436

**FILED**  
**Jan 29, 2014**  
**Secretary of State**  
**CC0636658357**

**Entity Name:** SAVE EAST WILTON MANORS, INC.

**Current Principal Place of Business:**

2450 NE 15TH AVENUE  
#210  
WILTON MANORS, FL 33305

**Current Mailing Address:**

2450 NE 15TH AVENUE  
#210  
WILTON MANORS, FL 33305

**FEI Number:** 27-3407974

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

TIGHE, THOMAS J  
800 EAST BROWARD BLVD.  
SUITE 710  
FORT LAUDERDALE, FL 33301 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 PD  
Name FIORE, JOHN  
Address 2450 NE 15TH AVENUE, #210  
City-State-Zip: WILTON MANORS FL 33305

Title D  
Name NIXON, MARTIN  
Address 2307 NE 15TH TERRACE  
City-State-Zip: WILTON MANORS FL 33305

Title D  
Name NIXON, LAURA  
Address 2307 NE 15TH TERRACE  
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:** JOHN FIORE

**PRESIDENT**

**01/29/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date