

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 759799 (0)

1. Corporation Name

WELLESLEY PARK CONDOMINIUM ONE ASSOCIATION, INC.



Principal Place of Business: C/O QUALITY MANAGEMENT & SERVICES, INC. 1761 W. HILLSBORO BLVD., SUITE 326 DEERFIELD BEACH FL 33442
Mailing Address: C/O QUALITY MANAGEMENT & SERVICES, INC. 1761 W. HILLSBORO BLVD., SUITE 326 DEERFIELD BEACH FL 33442

3. Date Incorporated or Qualified: 08/20/1981
3a. Date of Last Report: 04/11/1995
4. FEI Number: 59-2481611
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent: QUALITY MANAGEMENT AND SERVICES, INC. 1761 W. HILLSBORO BLVD. SUITE 326 DEERFIELD BEACH FL 33442
10. Name and Address of New Registered Agent (81) Name (82) Street Address (83) City (84) State (85) Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DP NAME: CINCOU, JENO STREET ADDRESS: 5951 WELLESLEY PARK DR CITY-ST-ZIP: BOCA RATON FL	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T NAME: ROPOLFO, VISIL STREET ADDRESS: 5951 WELLESLEY PK DRIVE #208 CITY-ST-ZIP: BOCA RATON FL	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DV NAME: JACOBS, NORMOND STREET ADDRESS: 5951 WELLESLEY PK DR. #106 CITY-ST-ZIP: BOCA RATON FL	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DV NAME: SHAPIRO, CHARLES STREET ADDRESS: 5951 WELLESLEY PARK DR #506 CITY-ST-ZIP: BOCA RATON FL 33433	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S NAME: BARRON, PAUL STREET ADDRESS: 5957 WELLESLEY PARK DRIVE #505 CITY-ST-ZIP: BOCA RATON FL	<input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TREASURER NAME: JUNE SILVER STREET ADDRESS: 5951 WELLESLEY PARK DRIVE # 406 CITY-ST-ZIP: BOCA RATON FLA 33433	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Richard D. Silver*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: RICHARD D. SILVER PRES.
DATE: 1/26/96
TELEPHONE: 954-4270207

CR2E037 (12/95)