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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT

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OF STATE

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Mar 04 1997 8:00am

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1997 DOCUMENT #

STREET ADDRESS

CITY-ST-ZIP

759799

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WELLESLEY PARK CONDOMINIUM ONE ASSOCIATION, INC.

Mailing Address Principal Place of Business C/O QUALITY MANAGEMENT & SERVICES, INC. C/O QUALITY MANAGEMENT & SERVICES, INC. 1761 W. HILLSBORO BLVD., SUITE 326 1761 W. HILLSBORO BLVD., SUITE 326 DEERFIELD BEACH FL 33442-1502 DEERFIELD BEACH FL 33442 Date Incorporated or Qualified 08/20/1981 3a. Date of Last Report 03/29/1996 4. FEI Number 59-2481611 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 26 Suite, Apt #, etc. Suite Apt # etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tay under s. 199.032, Yes X No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name QUALITY MANAGEMENT AND SERVICES, INC. 82 Street Address (P.O. Box Number is Not Acceptable) 1761 W. HILLSBORO BLVD. 83 **SUITE 326** DEERFIELD BEACH FL 33442 84 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Addition Change DELETE TITLE DP 1.1 TITLE FRANK ANTONASCI NAME CINCOU, JENO 1.2 NAME 5951 Wellesley Fair Dr #504 5951 WELLESLEY PARK DR STREET ADDRESS 1.3 STREET ADDRESS RATON FL. **BOCA RATON FL** CITY-ST-ZIP 1.4 CITY - ST - ZIP Change DELETE Addition 2.1 TITLE TITLE KANTOR ROPOLFO, VISIL 2.2 NAME NAME 951 WELLESLEY PACK DT #202 5951 WELLESLEY PK DRIVE #208 2.3 STREET ADDRESS STREET ADDRESS RATON **BOCA RATON FL 30C4** 2.4 CITY - ST - ZIP CITY-S1-ZIP DELETE Addition 31 TITLE TITLE armo JACOBS, NORMOND NAME 32 NAME 5951 WELLOSIE PARK DO # 5951 WELLESLEY PK DR. #106 STREET ADDRESS 3 3 STREET ADDRESS **BOCA RATON FL** 34. CITY-ST-ZIP CITY-ST-ZIP Change DELETE Addition 4.1 TITLE TITLE SHAPIRO, CHARLES 4 2 NAME NAME 5951 WELLESLEY PARK DR #506 4.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33433** CITY - ST - ZIP 4.4 CITY - ST - ZIP DELETE Addition Change TITLE 5.1 TITLE NAME SILVER, JUNE 5.2 NAME 5951 W BUESLEY PARK DRIVE #406 5.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33433** 5.4 CITY-ST-ZIP CITY-ST-ZIP Change DELETE Addition TITLE 6.1 TITLE NAME 6.2 NAME

June D. Silver D. SILVER SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I do 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 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.