


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

04-10-2006 90302 001 ****61.25

DOCUMENT # 759799					
1. Entity Name WELLESLEY PARK CONDOMINIUM ONE ASSOCIATION, INC.					
Principal Place of Business 5951 WELLESLEY PARR DRIVE BOX 709 BOCA RATON, FL 33433		Mailing Address 5951 WELLESLEY PARR DRIVE BOX 709 BOCA RATON, FL 33433			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2481611	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ACOSTA GERMAN 5951 WELLESLEY PARR DRIVE BOX 709 BOCA RATON, FL 33433			Name QUALITY MGT		
			Street Address (P.O. Box Number is Not Acceptable) 1761 W MILCROFT BLVD #370		
			City DEERFIELD BEACH FL Zip Code 33442		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE		QUALITY MGT CAROL PERAZZA		DATE 3/16/06	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution, <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ACOSTA, GERMAN		NAME	BERNIE LLEWELLYN	
STREET ADDRESS	5951 WELLESLEY PARK DRIVE STE 405		STREET ADDRESS	5951 WELLESLEY PARK DRIVE STE 507	
CITY-ST-ZIP	BOCA RATON, FL 33433		CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHAPIRO, CHARLES		NAME	FRNANDO ALGARRA	
STREET ADDRESS	5951 WELLESLEY PARK DRIVE STE 506		STREET ADDRESS	5951 WELLESLEY PARK DRIVE STE 202	
CITY-ST-ZIP	BOCA RATON, FL 33433		CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, NANCY		NAME	NANCY WILLIAMS	
STREET ADDRESS	5951 WELLESLEY PARK DRIVE STE 407		STREET ADDRESS	5951 WELLESLEY PARK DR. # 407	
CITY-ST-ZIP	BOCA RATON, FL 33433		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAVETER, SANDY		NAME		
STREET ADDRESS	5951 WELLESLEY PARK DR #603		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33433		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRAND, GLORIA		NAME	LEONARDO LIOSKIN	
STREET ADDRESS	5951 W BUESLEY PARK DRIVE #607		STREET ADDRESS	5951 WELLESLEY PARK DRIVE STE 605	
CITY-ST-ZIP	BOCA RATON, FL 33433		CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: Nancy Williams		DATE: 5/3/06		DAYTIME PHONE #: 561-620-0045	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR NANCY WILLIAMS TREASURER					