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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **766494** **(9)**

1. Corporation Name

WELLS RIDGE PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1732 KINGSLEY AVE.. SUITE 202 ORANGE PARK FL 32073 US	1732 KINGSLEY AVE.. SUITE 202 ORANGE PARK FL 32073-4413 US

3. Date Incorporated or Qualified: 01/11/1983
3a. Date of Last Report: 04/01/1996

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

4. FEI Number: 59-2373023 ☐ Applied For ☐ Not Applicable

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

9. Name and Address of Current Registered Agent

PROFESSIONAL COMMUNITY MGMT., INC.
1732 KINGSLEY AVE., SUITE 202
ORANGE PARK FL 32073

10. Name and Address of New Registered Agent

81 Name: ALAN PERRY
82 Street Address (P.O. Box Number is Not Acceptable): 1732 KINGSLEY Ave., STE 202
83:
84 City: ORANGE PARK, FL 85 Zip Code: 32073

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] ALAN PERRY — 14FEB97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	☒ DELETE	1.1 TITLE	DP	☐ Change ☒ Addition
NAME	SAUNDERS, VALERIE		1.2 NAME	LIZ HOLMES	
STREET ADDRESS	40 DEBARRY AVENUE		1.3 STREET ADDRESS	85 DeBarry Ave #1082	
CITY-ST-ZIP	ORANGE PARK FL		1.4 CITY-ST-ZIP	ORANGE PARK, FL 32073	
TITLE	VD	☒ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	SLATE, JOHN		2.2 NAME	KAREN DU QUETTE	
STREET ADDRESS	85 DEBARRY AVE #3033		2.3 STREET ADDRESS	85 DEBARRY AVE #2063	
CITY-ST-ZIP	ORANGE PARK FL		2.4 CITY-ST-ZIP	ORANGE PARK, FL 32073	
TITLE	PD	☒ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	ALLEN, BUD W.		3.2 NAME	THERON SMITH	
STREET ADDRESS	2075 WAX MYRTLE COURT		3.3 STREET ADDRESS	49 FINCH CT	
CITY-ST-ZIP	ORANGE PARK FL		3.4 CITY-ST-ZIP	ORANGE PARK, FL 32073	
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BEULAH, RALPH		4.2 NAME		
STREET ADDRESS	85 DEBARRY AVENUE #3045		4.3 STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK FL		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	CALSON, SUSAN		5.2 NAME	JANE OTRICH	
STREET ADDRESS	85 DEBARRY AVE, #1073		5.3 STREET ADDRESS	2058 WAX MYRTLE CT	
CITY-ST-ZIP	ORANGE PARK FL		5.4 CITY-ST-ZIP	ORANGE PARK, FL 32073	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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.

SIGNATURE: [signature] Elizabeth F. Holmes REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0001013