

FILE NOW: FILING FEE IS \$61.25

FILED

May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **766494** (9)
1. Corporation Name
WELLS RIDGE PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business 1732 KINGSLEY AVE., SUITE 202 ORANGE PARK FL 32073 US		Mailing Address 1732 KINGSLEY AVE., SUITE 202 ORANGE PARK FL 32073 US		3. Date Incorporated or Qualified 01/11/1983	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip Country		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		7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No		9. Name and Address of Current Registered Agent PERRY, ALAN 1732 KINGSLEY AVE. STE. 202 ORANGE PARK FL 32073			
10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	☐ DELETE		1.1 TITLE	PD	☒ Change ☐ Addition	
NAME	HOLMES, LIZ			1.2 NAME			
STREET ADDRESS	85 DEBARRY AVE., #1082			1.3 STREET ADDRESS			
CITY-ST-ZIP	ORANGE PARK FL			1.4 CITY-ST-ZIP			
TITLE	D	☐ DELETE		2.1 TITLE	SD	☒ Change ☐ Addition	
NAME	DUQUETTE, KAREN			2.2 NAME			
STREET ADDRESS	85 DEBARRY AVE., #2083			2.3 STREET ADDRESS			
CITY-ST-ZIP	ORANGE PARK FL			2.4 CITY-ST-ZIP			
TITLE	D	☐ DELETE		3.1 TITLE		☒ Change ☐ Addition	
NAME	SMITH, THERON			3.2 NAME			
STREET ADDRESS	49 FUNCH COURT			3.3 STREET ADDRESS			
CITY-ST-ZIP	ORANGE PARK FL			3.4 CITY-ST-ZIP			
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	OTRICH, JANE			5.2 NAME	Bonnie Smith		
STREET ADDRESS	2058 WAX MYRTLE CT.			5.3 STREET ADDRESS	49 Finch Ct.		
CITY-ST-ZIP	ORANGE PARK FL			5.4 CITY-ST-ZIP	Orange Park, FL 32073		
TITLE		☐ DELETE		6.1 TITLE	VP	☐ Change ☒ Addition	
NAME				6.2 NAME	Valerie Saunders		
STREET ADDRESS				6.3 STREET ADDRESS	40 Debarry Ave.		
CITY-ST-ZIP				6.4 CITY-ST-ZIP	Orange Park FL 32073		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: Bulah R. Ralph
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/98

Daytime Phone # _____

CR2E037 (10/97)