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05-01-1999 90008 047 ****70.00

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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 766494

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 US

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):

3. Date Incorporated or Qualifed: 01/11/1983

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

5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PD	☐ Change ☒ Addition
NAME	HOLMES, LIZ		1.2 NAME	COOPERMAN, MARY	
STREET ADDRESS	85 DEBARRY AVE., #1082		1.3 STREET ADDRESS	85 DEBARRY AVE. #2073	
CITY-ST-ZIP	ORANGE PARK FL		1.4 CITY-ST-ZIP	ORANGE PARK, FL 32073	
TITLE	SD	☒ DELETE	2.1 TITLE	VP	☐ Change ☒ Addition
NAME	DUQUETTE, KAREN		2.2 NAME	PINNELL, JOSEPH	
STREET ADDRESS	85 DEBARRY AVE., #2063		2.3 STREET ADDRESS	2082 TANAGER DR	
CITY-ST-ZIP	ORANGE PARK FL		2.4 CITY-ST-ZIP	ORANGE PARK, FL 32073	
TITLE	D	☒ DELETE	3.1 TITLE	DST	☐ Change ☒ Addition
NAME	SMITH, THERON		3.2 NAME	CARLSON, RAYMOND H.	
STREET ADDRESS	49 FUNCH COURT		3.3 STREET ADDRESS	85 DEBARRY AVE. #3084	
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		☐ Change ☐ Addition
NAME	SMITH, BONNIE		5.2 NAME		
STREET ADDRESS	49 FINCH CT		5.3 STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK FL 32073		5.4 CITY-ST-ZIP		
TITLE	VP	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SAUNDERS, VALERIE		6.2 NAME		
STREET ADDRESS	40 DEBARRY AVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK FL 32073		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 28 APR 99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #