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Feb 12 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 769915 (0)
1. Corporation Name
NOB HILL AT WELLEBY HOMEOWNERS' ASSOCIATION, INC

RECEIVED



Principal Place of Business
C/O DCI
2901 SIMMS ST
HOLLYWOOD FL 33020
US

Mailing Address
C/O DCI
2901 SIMMS ST
HOLLYWOOD FL 33020-1510
US

3. Date Incorporated or Qualified 08/19/1983
3a. Date of Last Report 04/02/1996
4. FEI Number 59-2378077
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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C/O DCI MYEROWITZ, ANDREW
2901 SIMMS ST
SUITE D
HOLLYWOOD FL 33020

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code FL

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> DELETE
NAME	WALSH, JOYCE	
STREET ADDRESS	9749 N.W. 37 ST.	
CITY - ST - ZIP	SUNRISE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CARTER, BARBARA	
STREET ADDRESS	9769 NW 37 ST	
CITY - ST - ZIP	SUNRISE FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	SENEA, RANDALL	
STREET ADDRESS	9743 NW 37TH ST	
CITY - ST - ZIP	SUNRISE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SENEA RANDALL	
STREET ADDRESS	9743 NW 37ST	
CITY - ST - ZIP	SUNRISE FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	WOLFE, BARRY	
STREET ADDRESS	9809 NW 37 ST	
CITY - ST - ZIP	SUNRISE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	WOLFE, BARRY	
STREET ADDRESS	9809 NW 37TH ST	
CITY - ST - ZIP	SUNRISE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	D BRENNAN, CHRIS
4.3 STREET ADDRESS	9729 N.W. 37TH ST.
4.4 CITY - ST - ZIP	SUNRISE, FL.
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
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.

SIGNATURE: *Barbara L. Carter* BARBARA L. CARTER

1/22/97

954-742-9288

CR2E037 (9/96)