

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 769915

1. Entity Name

NOB HILL AT WELLEBY HOMEOWNERS' ASSOCIATION, INC

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90135 013 *****61.25

0001256

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
US

00040739



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

C/O DCI
Suite, Apt. #, etc.
2035 HARDING ST #200
City & State
Hollywood, FL

3. Mailing Address

2035 HARDING STREET
Suite, Apt. #, etc.
200
City & State
Hollywood, FLORIDA

4. FEI Number

59-2378077

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
C/O DCI ANDREW MEYEROWITZ
Street Address (P.O. Box Number is Not Acceptable)
2035 HARDING ST, SUITE 200
City
Hollywood FL Zip Code
33020

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST WALSH, JOYCE 9749 N.W. 37 ST. SUNRISE FL 33351	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LOWENSTEIN, RITA 9747 NW 37TH ST SUNRISE FL 33351	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CARTER, BARBARA 9729 NW 37TH ST SUNRISE FL 33351	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BAUER, JOE 9833 NW 37TH ST SUNRISE FL 33351	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TSON, PHILIP 9811 NW 36TH ST SUNRISE FL 33351	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WOLFE, BARRY 9809 NW 37TH ST SUNRISE FL 33351	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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 signed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/01 954 7496995

CR2E037 (10/00)