


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90155 006 ****61.25

| | | | | | |
|--|---------------------|---|--|---|--|
| DOCUMENT # 769915 1. Entity Name NOB HILL AT WELLEBY HOMEOWNERS' ASSOCIATION, INC. | | | |  | |
| Principal Place of Business C/O DCI 2035 HARDING STREET #200 HOLLYWOOD, FL 33020 US | | | Mailing Address C/O DCI 2035 HARDING STREET #200 HOLLYWOOD, FL 33020 US | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-2378077 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div> | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| C/O DCI ATTN: ANDREW MEYROWITZ 2035 HARDING STREET SUITE 200 HOLLYWOOD, FL 33020 | | | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | STD | <input checked="" type="checkbox"/> Delete | TITLE | STD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | CARTER, BARBARA L | | NAME | BROWN, DORINDA | |
| STREET ADDRESS | 9729 NW 37 STREET | | STREET ADDRESS | 9805 NW 35 COURT | |
| CITY-ST-ZIP | SUNRISE, FL 33351 | | CITY-ST-ZIP | SUNRISE, FL 33351 | |
| TITLE | PD | <input type="checkbox"/> Delete | TITLE | HERRON, PAULETTE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | GARVIN, CLARK | | NAME | 3536 NW 99 AVENUE | |
| STREET ADDRESS | 9815 NW 36 STREET | | STREET ADDRESS | SUNRISE, FL 33351 | |
| CITY-ST-ZIP | SUNRISE, FL 33351 | | CITY-ST-ZIP | | |
| TITLE | VPD | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BEARD, GAIL | | NAME | | |
| STREET ADDRESS | 9727 NW 37 STREET | | STREET ADDRESS | | |
| CITY-ST-ZIP | SUNRISE, FL 33351 | | CITY-ST-ZIP | | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CACERES, GISELA | | NAME | | |
| STREET ADDRESS | 9745 NW 37TH STREET | | STREET ADDRESS | | |
| CITY-ST-ZIP | SUNRISE, FL 33351 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SIANO, ISABEL M | | NAME | | |
| STREET ADDRESS | 9771 NW 37 ST | | STREET ADDRESS | | |
| CITY-ST-ZIP | SUNRISE, FL 33351 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: <u>Dorinda Brown</u> DORINDA BROWN | | | Date: <u>4/4/6</u> 954-818-0574 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |

Sec/Treasurer