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Feb 13 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 769916 (8)

1. Corporation Name

NOB HILL AT WELLEBY CONDOMINIUM, INC.

Principal Place of Business

Mailing Address

% DEVELOPMENT CONSULTANTS, INC.
2901 SIMMS STREET
HOLLYWOOD FL 33020-8510% DEVELOPMENT CONSULTANTS, INC.
2901 SIMMS STREET
HOLLYWOOD FL 33020-15103. Date Incorporated or Qualified
08/19/19833a. Date of Last Report
03/14/19964. FEI Number
59-2378181Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DEVELOPMENT CONSULTANTS, INC.
ATTN: ANDREW MEYROWITZ
2901 SIMMS STREET
HOLLYWOOD FL 33020-8510

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME DIMINA, JOSEPH
STREET ADDRESS 3536 N.W. 98TH TERRACE
CITY-ST-ZIP SUNRISE FL 333511.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE VPD ☐ DELETE
NAME NEDBOR, WENDY
STREET ADDRESS 3639 N.W. 99TH TERRACE
CITY-ST-ZIP SUNRISE FL 333512.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE STD ☐ DELETE
NAME TURNER, BARBARA
STREET ADDRESS 3541 N.W. 99TH TERRACE
CITY-ST-ZIP SUNRISE FL 333513.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME CRUCIATTA, TONY
STREET ADDRESS 9816 N.W. 36TH AVENUE
CITY-ST-ZIP SUNRISE FL 333514.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME BAUER, JOSEPH
STREET ADDRESS 9833 N.W. 37TH STREET
CITY-ST-ZIP SUNRISE FL 333515.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0021222

CR2E037 (9/96)