2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State
02-13-2001 90588 007 ****61.25

DOCUMENT # 769916

1. Entity Name

NOB HILL AT WELLEBY CONDOMINIUM, INC. ✓

Principal Place of Business	Mailing Address
8457 W. Oakland Pk.,Blvd. Sunrise, FL 33351	P.O. Box 451418 Sunrise, FL 33345

[redacted]
716044
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
c/o Castle Management, Inc.	c/o Castle Management, Inc.
Suite, Apt. #, etc.: 4450 W. Sunrise Blvd., C100	Suite, Apt. #, etc.: P.O. Box 189013
City & State: Plantation, FL	City & State: Plantation, FL
Zip: 33313 Country: US	Zip: 33318 Country: US

4. FEI Number: 59-2378181 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Diversified Mgmt. Services of So. FLA 8457 West Oakland Park Boulevard Sunrise, FL 33351	Name: Castle Management, Inc. Street Address (P.O. Box Number is Not Acceptable): 4450 W. Sunrise Boulevard Suite C-100 City: Plantation FL Zip Code: 33313

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: Gail H. Sangunett Gail H. Sangunett, VP-Administration 1/12/01
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Bauer, Joseph 9833 NW 37th Street Sunrise, FL 33351	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Cruciatta, Tony 9816 NW 36th Avenue Sunrise, FL 33351	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Tjon, Anna 9811 NW 36th Street Sunrise, FL 33351	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Bauer, Lorraine 9833 NW 37th Street Sunrise, FL 33351	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Willey, John Jr. 9841 NW 37th Street Sunrise, FL 33351	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (11/00)

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

SIGNATURE: Joe Bauer Pres. Joseph Bauer, President 1/22/01 (954) 792-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #