

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90257 018 ****61.25

DOCUMENT # 769916

1. Entity Name

NOB HILL AT WELLEBY CONDOMINIUM, INC.



Principal Place of Business

% CASTLE MANAGEMENT, INC.
4450 W SUNRISE BLVD., C100
PLANTATION FL 33313
US

Mailing Address

% CASTLE MANAGEMENT, INC.
4450 W SUNRISE BLVD., C100
PLANTATION FL 33313
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

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

CASTLE MANAGEMENT INC.
4450 W SUNRISE BLVD.
PLANTATION FL 33313

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

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
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE: VD
NAME: WILLEY, JOHN J R
STREET ADDRESS: 9841 NW 37TH ST
CITY-ST-ZIP: SUNRISE FL 33351 ☐ Delete

TITLE: PD
NAME: BAUER, JOSEPH
STREET ADDRESS: 9833 N.W. 37TH STREET
CITY-ST-ZIP: SUNRISE FL 33351 ☒ Delete

TITLE: STD
NAME: BAUER, LOPRAINE
STREET ADDRESS: 9833 NW 37TH STREET
CITY-ST-ZIP: SUNRISE FL 33351 ☒ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☒ Change ☐ Addition

TITLE: VD
NAME: JANE WILLEY
STREET ADDRESS: 9841 NW 37th St.
CITY-ST-ZIP: SUNRISE FL 33351 ☐ Change ☒ Addition

TITLE: STD
NAME: SUSAN B. VERIN
STREET ADDRESS: 9804 N.W. 37th St
CITY-ST-ZIP: SUNRISE, FL 33351 ☐ Change ☒ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Change ☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Change ☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Change ☐ Addition

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: John A. Willey, Jr. PRESIDENT JOHN A. WILLEY, JR. 4.13.04 954.749.1098

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #