2003 NOT-FOR-PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N08812

1. Entity Name

City & State

PERRY, ALAN-

STE. 202

1732 KINGSLEY AVE.

ORANGE PARK FL 32073

Zip

WELLS RIDGE THREE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address 1732 KINGSLEY AVE., SUITE 202

Country

6. Name and Address of Current Registered Agent

ORANGE PARK . FL 32073

1732 KINGSLEY AVE., SUITE 202 ORANGE PARK . FL 32073

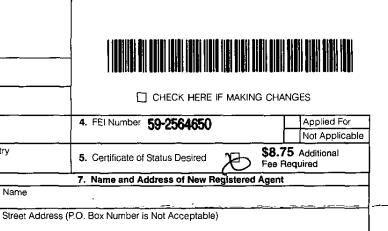
City & State

Zip

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

FILED Apr 25, 2003 8:00 am Secretary of State

04-25-2003 90150 015 ****70.00



В.	The above named	entity submits	s this stater	nent for the	e purpose (of changing its i	registere	ed office or reg	gistered agent	, or both, in	the State of	Florida. La	am familiar wit	h, and accept
	the obligations of	registered age	ent.											

9. Election Campaign Financing

City

Country

SIGNATURE	_ _	_
	Signature, typed or printed name of registered agent and title if applicable	θ
		-

FILE NOW: FEE IS \$61.25

(NOTE: Registered Agent signature required when reinstating)

\$5.00 May Be

Make Check Payable to Florida Department of State

'	1LL 11011. LL 10 401.20	Trust Fund Con	tribution.	Added to Fees	Florida Depai	rtment of S	State	
10.	OFFICERS AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BEULAH, RALPH 85 DEBARRY AVE., 3045 ORANGE PARK FL 32073	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		,	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BUZZA, ALANA 85 DEBARRY AVE #3046 ORANGE PARK FL 32073	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PV		Change	Addition .	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RITCHESON, GAIL 6260 LAKE PLANTATION DR JACKSONVILLE FL 32244	elete	NAME STREET ADDRESS CITY-ST-ZIP	ES PATHER ES DEBOSTO OF DESCRIPTIONS VILLE DENK BS DEBOTTY	Desett 3081	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRADLEY, ANN 85 DEBARRY AVE #3086 ORANGÉ PARK FL 32073	√S Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	US DE DONN 85 DE BORNS Orange Ports	Due # 303	□ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Celete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Para Giles 172 Tottle Ponte De		□ Change	Addition	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS			☐ 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:

4-24-03