


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

03-01-2006 90028 008 \*\*\*\*61.25

**60021937**



<b>DOCUMENT # N12023</b>					
<b>1. Entity Name</b> COUNTRYSIDE AT WELLEBY HOMEOWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> P.O. BOX 15624 PLANTATION, FL 33318			<b>Mailing Address</b> A & W PROPERTY MGMT P.O. BOX 15624 PLANTATION, FL 33318		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	02082006 Chg-NP CR2E037 (11/05)	
<b>4. FEI Number</b> 59-2771164				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>	
A & W PROPERTY MGMT ARLINE WALKER 773 NW 100 TERRACE PLANTATION, FL 33324				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<b>FL</b> Zip Code	
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, HECTOR			NAME	
STREET ADDRESS	10228 NW 33 PL			STREET ADDRESS	
CITY-ST-ZIP	SUNRISE, FL 33351			CITY-ST-ZIP	
TITLE	TD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANTZ, NATALIE			NAME	
STREET ADDRESS	3356 NW 101 AVE			STREET ADDRESS	
CITY-ST-ZIP	SUNRISE, FL 33351			CITY-ST-ZIP	
TITLE	S-	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLOOM-CARFORA, KRISTA			NAME	
STREET ADDRESS	10229 NW 33 ST.			STREET ADDRESS	
CITY-ST-ZIP	SUNRISE, FL 33351			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PINTO, YOLANDA			NAME	S/D
STREET ADDRESS	3368 NW 101 AVE.			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	TIERNEY, MICHAEL			NAME	
STREET ADDRESS	10216 NW 33 PLACE			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	
<b>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.</b>					
<b>SIGNATURE:</b> <i>[Signature]</i>				Date <i>2/15/06</i> Daytime Phone # _____	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					