2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12023

FILED Jan 07, 2007 Secretary of State

Entity Name: COUNTRYSIDE AT WELLEBY HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:			New Prin	New Principal Place of Business:	
P.O. BOX 15624 PLANTATION, FL 33318			#107	318 INDIAN TRACE #107 WESTON, FL 33326	
Current Mailing Address:			New Mail	New Mailing Address:	
A & W PROPERTY MGMT P.O. BOX 15624 PLANTATION, FL 33318			318 INDIA	SIGNATURE PROPERTY MANAGEMENT GROUP, INC. 318 INDIAN TRACE #107 WESTON, FL 33326	
FEI Number:	: 59-2771164	FEI Number Applied For ()	FEI Number Not App	oplicable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:	
A & W PROPERTY MGMT ARLINE WALKER 773 NW 100 TERRACE PLANTATION, FL 33324 US			318 INDIA #107	SIGNATURE PROPERTY MANAGEMENT GROUP, INC. 318 INDIAN TRACE #107 WESTON, FL 33326 US	
	named entity s e of Florida.	submits this statement for the p	ourpose of changing	g its registered office or registered agent, or both,	
SIGNATURE: JACK S SHAW				01/07/2007	
	Electron	ic Signature of Registered Age	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PD () RODRIGUEZ, H 10228 NW 33 P SUNRISE, FL 3	L	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	TD () LANTZ, NATALII 3356 NW 101 A SUNRISE, FL 3	VE	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	SD () PINTO, YOLANI 3368 NW 101 A SUNRISE, FL 3	VE.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () TIERNEY, MICH 10216 NW 33 P SUNRISE, FL 3	LACE	Title: Name: Address: City-St-Zip:	VPD (X) Change () Addition TIERNEY, MICHAEL 10216 NW 33 PLACE SUNRISE, FL 33351	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL TIERNEY VPD 01/07/2007