

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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APPROVED
AND
FILED

95 APR 18 PM 10:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N32370 (1)

1. Corporation Name
WELFORD (BREVARD COUNTY) CONDOMINIUM ASSOCIATION INC.

Principal Place of Business 305 BALLY SHANNON ST. #302 MELBOURNE BEACH FL 32951 US	Mailing Address 309 BALLY SHANNON ST. MELBOURNE BEACH FL 32951 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/18/1989	3a. Date of Last Report 05/01/1994
4. FEI Number 59-2951471	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	29 Zip Country
24	30

9. Name and Address of Current Registered Agent

**GERALDINE PHIPPS
205 BALLYSHANNON ST.
MELBOURNE BEACH FL 32951**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Geraldine Phipps DATE 2/5/95
Signature, typed or printed name of registered agent and fee applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE PD	NAME TIMOTHY KESECKER
STREET ADDRESS 215 BALLYSHANNON ST. C101	CITY-ST-ZIP MELBOURNE BEACH FL
TITLE DVP	NAME DOROTHY GALLAGHER
STREET ADDRESS 215 BALLYSHANNON ST. C102	CITY-ST-ZIP MELBOURNE BEACH FL
TITLE DST	NAME GERALDINE PHIPPS
STREET ADDRESS 205 BALLYSHANNON ST. B302	CITY-ST-ZIP MELBOURNE BCH FL
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME ANGELO LUCENTE	
1.3 STREET ADDRESS 215 BALLYSHANNON ST. C302	
1.4 CITY-ST-ZIP MELBOURNE BEACH FL 32951	
2.1 TITLE DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME TIMOTHY KESECKER	
2.3 STREET ADDRESS 215 BALLYSHANNON ST C101	
2.4 CITY-ST-ZIP MELBOURNE BEACH, FL 32951	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Geraldine Phipps DATE: 2/5/95 (407) 951-8124
Signature and typed or printed name of signing officer or director Date Daytime Phone #