

MP

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Apr 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000003146 (7)

1. Corporation Name

WELDON CONDOMINIUM G ASSOCIATION, INC.



Principal Place of Business

Mailing Address

7600 NOB HILL RD.
TAMARAC FL 33172

700 N.W. 107TH AVE.
MIAMI FL 33172-3161

3. Date Incorporated or Qualified
06/24/1994

3a. Date of Last Report
02/19/1996

2. Principal Place of Business

2a. Mailing Address

27 3475 HIATUS Rd
Suite, Apt. #, etc.

26 3475 HIATUS Rd
Suite, Apt. #, etc.

4. FEI Number
65-0563825

Applied For
Not Applicable

22

27

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23

28

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WATSKY, MORRIS A
700 N.W. 107TH AVE.
MIAMI FL 33172

MAR 26 1997

81 Name
Malcolm H Waldron III

82 Street Address (P.O. Box Number is Not Acceptable)

83 3475 Hiatus Road

84 City
Sunrise FL 85 Zip Code
33351

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

DATE

2/20/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	RIEFS, MARTIN L	
STREET ADDRESS	7600 NOB HILL RD.	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	SCHRAGER, MARLENE	
STREET ADDRESS	7600 NOB HILL RD.	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	DST	<input checked="" type="checkbox"/> DELETE
NAME	PEDONE, SUE	
STREET ADDRESS	7600 NOB HILL RD.	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	GERALD Enoch	
1.3 STREET ADDRESS	9511 Weldon Circle #211	
1.4 CITY-ST-ZIP	TAMARAC, FL 33321	
2.1 TITLE	VP-10	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	RAY Firestone #112	
2.3 STREET ADDRESS	9511 Weldon Circle	
2.4 CITY-ST-ZIP	TAMARAC, FL 33321	
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Michael Wolpin	
3.3 STREET ADDRESS	9511 Weldon Circle #316	
3.4 CITY-ST-ZIP	TAMARAC, FL 33321	
4.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	HERMAN Gross	
4.3 STREET ADDRESS	9511 Weldon Circle #111	
4.4 CITY-ST-ZIP	TAMARAC, FL 33321	
5.1 TITLE	VP-2D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	SAM Zeilander	
5.3 STREET ADDRESS	9511 Weldon Circle #416	
5.4 CITY-ST-ZIP	TAMARAC, FL 33321	
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/97 (254) 724 8202
Date Date/Time 032297

CR2E037 (9/96)